

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim Final

Date of Report February 11, 2022

Auditor Information

Name: Jillian Shane	Email: AandScorrections@yahoo.com
Company Name: A & S Correctional Consulting	
Mailing Address: PO BOX 15376	City, State, Zip: Rio Rancho, NM 87174
Telephone: Click or tap here to enter text.	Date of Facility Visit: October 4-5, 2021

Agency Information

Name of Agency: CoreCivic		Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.	
Physical Address: 5501 Virginia Way Suite 110		City, State, Zip: Brentwood, Tennessee 37027	
Mailing Address: 5501 Virginia Way Suite 110		City, State, Zip: Brentwood, Tennessee 37027	
The Agency Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea			

Agency Chief Executive Officer

Name: Damon Hininger	
Email: Damon.Hininger@CoreCivic.com	Telephone: 615-263-3000

Agency-Wide PREA Coordinator

Name: Eric Pierson	
Email: Eric.Pierson@CoreCivic.com	Telephone: 615-263-6915
PREA Coordinator Reports to: Steven Conry, VP, Operations Administration	Number of Compliance Managers who report to the PREA Coordinator: 65 (indirect)

Facility Information

Name of Facility: El Paso Transitional Center

Physical Address:

City, State, Zip:

Mailing Address (if different from above):
1650 Horizon Blvd.

City, State, Zip: El Paso, Texas 79928

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
NA

Facility Director

Hector Melchor

Email: hector.melchor@corecivic.com

Telephone: 915-852-1505

Facility PREA Compliance Manager

Name: Monica Delgado

Email: monica.delgado@corecivic.com

Telephone: 915-852-1505

Facility Health Service Administrator N/A

Name: [Click or tap here to enter text.](#)

Email: [Click or tap here to enter text.](#)

Telephone: [Click or tap here to enter text.](#)

Facility Characteristics

Designated Facility Capacity:	200	
Current Population of Facility:	173	
Average daily population for the past 12 months:	173	
Has the facility been over capacity at any point in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	19-72	
Average length of stay or time under supervision	82 days	
Facility security levels/resident custody levels	minimum	
Number of residents admitted to facility during the past 12 months	571	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	571	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	776	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	29	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	5	

Number of contracts in the past 12 months for services with contractors who may have contact with residents:	1
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	5
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	8
Number of single resident cells, rooms, or other enclosures:	0
Number of multiple occupancy cells, rooms, or other enclosures:	0
Number of open bay/dorm housing units:	5
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are mental health services provided on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	3
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Prison Rape Elimination Act (PREA) audit process began in October 2021 for the CoreCivic, El Paso Multi-Use Facility in Texas, by Jillian Shane, a United States Department of Justice Certified Auditor for adult facilities.

The pre-audit preparations included a thorough review of all documentation and materials that were sent to the auditor, to include the Pre-Audit Questionnaire (PAQ), files for each standard, policies, procedures, samples of documents, forms, posters, brochures/pamphlets, handbooks, videos, training curriculums, charts and numerous other PREA related materials used to demonstrate compliance. The Auditor and the PREA team both at the facility and at the CoreCivic corporate office were communicating for the weeks prior to and after the on-site portion of the audit.

The auditor sent an introductory email to the Facility PREA Compliance Manager (PCM) in November 2021, which stated:

Good afternoon:

I would like to start by saying hello and that I am looking forward to the audit visit of your facility. As I begin to review documentation that will be sent to me, I will send a few emails for clarification or asking for documents that I know I will want/need to ensure compliance. As I ask for documents, I may ask for you to email to me or some I may ask you to print and having waiting for me when I arrive. Also, please label with what I asked, as I will forget, if they are sent in multiple emails or if they are waiting for me there.

As the Director, are you and your Executive management going to want to do in-briefs and out-briefs daily? I know many facilities differ, so I just wanted to check.

Also, please have the following information available during the on-site PREA Audit:

- * Roster of staff working during all shifts (will interview random staff on all three shifts)
- * Two Inmate rosters (random inmate interviews and file reviews)
- * ALL PREA allegations in the past 12 months
- * List of all inmates that are Disabled and limited English proficient
- * List of all inmates that are Transgender/Intersex inmates; gay/bisexual

- * List of all inmates that are Inmates in segregated housing (for risk of sexual victimization) if applicable
- * List of all inmates that reported a sexual abuse (please have the outcome handy so auditors are aware of situation prior to interview)
- * List of all inmates that are Inmates who disclosed sexual victimization during risk screening

I will need to interview the following individuals. You may set up interviews for any time while I am onsite or provide me with a list of those who fit this role who will be onsite during the audit. If someone is not available, please coordinate a time to conduct a telephonic interview prior to the audit. We will need a private area to conduct staff and inmate interviews, where other staff and inmates cannot overhear the conversations.

Staff:

- * Director
- * PREA Compliance Manager
- * Medical staff
- * Mental health staff
- * Human Resources
- * Volunteers AND contractors who have contact with inmates
- * Investigative staff
- * Staff who perform screening for risk of victimization and abusiveness
- * Staff who supervise inmates in segregated housing
- * Staff on the Incident Review Team
- * Designated staff member charged with monitoring for retaliation
- * First responders, both security and non-security
- * Intake staff

Inmate:

- * Disabled and limited English proficient
- * Transgender/Intersex inmates; gay/bisexual
- * Inmates in segregated housing (for risk of sexual victimization) if applicable
- * Inmates who reported a sexual abuse (please have the outcome handy so auditors are aware of situation prior to interview)
- * Inmates who disclosed sexual victimization during risk screening

I will need the name of a mental health services provider who can provide crisis intervention if necessary, during inmate interviews. We will also need a staff member (if any) who will be available to provide translation services during interviews with limited English proficient inmates.

Again, thank you and I look forward to working with you.

On October 27, 2021, the PCM forwarded the auditor pictures of the audit announcement posting, in English and Spanish. These were posted in the following areas:

Above the staff time clock, Administration
All Dorms
Lobby
Breakroom

The Notice stated:

NOTICE SCHEDULED PREA AUDIT

EL PASO TRANSITIONAL CENTER is voluntarily seeking certification for the **PRISON RAPE ELIMINATION ACT (PREA)** by demonstrating compliance with nationally established standards.

A standards compliance audit of this facility will be conducted from:

NOVEMBER 29, 2021 THROUGH NOVEMBER 30, 2021

Information relevant to facility compliance with standards should be submitted in writing to the person and address listed below, at least 10 working days prior to the audit.

JILLIAN SHANE PO BOX 15376

RIO RANCHO, NM 87174

CONFIDENTIALITY: All correspondence and disclosures during interviews with the designated auditor are confidential and will not be disclosed unless required by law. There are exceptions when confidentiality must be legally broken. Exceptions include, but are not limited to, the following:

- • If the person is in immediate danger to her/himself or others (e.g. suicide or homicide);
 - • Allegations of suspected child abuse, neglect or maltreatment;
- • In legal proceedings where information has been subpoenaed by a court of appropriate jurisdiction.

Audit files were sent to the auditor, electronically through a secured passcode protected online system on October 27, 2021.

The files were reviewed by the auditor, information added to the report, and any questions or requests for additional information were sent to the PCM and Agency PREA Coordinator who both were extremely responsive.

The auditor arrived on-site at El Paso TC on Monday, November 29, 2021, at 800 hours. Upon entry, an entrance meeting was held with the follow staff in attendance:

Facility Director, PCM

Quality Assurance Manager
Auditor

Introductions were made and the staff in attendance reviewed the process that would occur for the next two days at the facility. After the meeting, the Director, PREA Coordinator and Auditor walked all areas inside the facility and on the exterior of all areas within the fenced/gated area.

On day one, interviews and the tour was completed. On day, document reviews and interviews were conducted.

The facility has four units and the count for the first day included:

Total first day count = 157 residents

The auditor viewed the audit positing in all areas that the facility indicated it was, to include:

Entryway
Control Center
Visitation
All units Dorm
Each Unit's TV rooms
Administrative Office Area
Front Lobby- Foyer
Dining Room
Program Building

In addition, in each of these areas, the auditor also noticed PREA information on posters and brochures with an ease of viewing for the population, the ability to see from offender telephones should they wish to call and in areas out of viewing if an offender wished to write down an address or phone number. Information was also seen in areas where visitors would be able to view and where visitation occurs.

A locked and confidential mailbox was also viewed, with which only the Director has a key and is checked on a nearly daily basis.

All areas of the facility appeared to be clean and well kept.

The facility does have twenty-four (24) hour video surveillance with thirty-seven (37) cameras located throughout the property. Monitors for these cameras are located inside the security office and can only be viewed by staff in live mode. The Director and management can review the cameras recorded footage. After the tour, all camera angles were reviewed and compared with the facility plans and knowledge of the layout from the tour. No blind spots were identified, and all shower and dress areas had sufficient coverage for privacy for the population while providing for security and safety for staff.

Toilet and shower areas had no cameras inside and had curtains which allowed for enough viewing for safety and privacy for the population. Cameras were in the bedding areas of the dorms and locker areas. The auditor inquired with staff and offenders about changing clothes in these areas. All stated and the offender handbook as well states “you may not be in any state of undress outside of the restroom”.

The Auditor was provided rosters (and advised that there when there were none available for characteristics) for the following:

- * Roster of staff working during all shifts (will interview random staff on all three shifts)
- * Two Inmate rosters (random inmate interviews and file reviews)
- * ALL PREA allegations in the past 12 months
- * List of all inmates that are disabled and limited English proficient
- * List of all inmates that are Transgender/Intersex inmates; gay/bisexual
- * List of all inmates that are Inmates in segregated housing (for risk of sexual victimization) if applicable
- * List of all inmates that are Inmates who reported a sexual abuse (please have the outcome handy so auditors are aware of situation prior to interview)
- * List of all inmates that are Inmates who disclosed sexual victimization during risk screening

These lists were used to select the resident files to be reviewed and interviewed as well as the staff files and interviews. Details of the staff and inmate interviews and files reviews are documented below as they pertain to each standard.

The facility advised the auditor that there is no medical staff, mental health staff, HR staff (currently vacant), no segregation staff, and no volunteers.

In this report, the words ‘inmate’, ‘resident’, ‘participant’ and ‘detainee’ may be used interchangeably. This is due to the differences in languages between this program, the PREA standards themselves, policy, and the various referenced materials.

Facility Characteristics

The auditor’s description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The El Paso Multi-Use Facility and the El Paso Transitional Center are two of CoreCivic's more than 60 privately owned-and-operated Residential Reentry Centers. The El Paso Multi-Use Facility fully occupied can house 290 residents with a staff of approximately 56. The El Paso Transitional Center fully

occupied can house 200 residents with a staff of approximately 38. Our facilities are located in Horizon City, Texas in El Paso County.

We are geographically located just a few minutes East of El Paso, West of Clint, North of Socorro, and Southeast of the Franklin Mountains close to the border of New Mexico and Mexico. Horizon City maintains a population of approximately 19,500 citizens. Local industries include retail, manufacturing, and trucking.

The El Paso Transitional Center opened in 1994 and is an adult, male 200 bed residential reentry center divided into five dorms. Each dorm is an open bay layout with bunk beds housing residents on parole supervised by the Texas Department of Criminal Justice divisions.

A Dorm, B Dorm, C Dorm, D Dorm, and E Dorm consists of halfway house residents on Parole. Each dorm holds up to 50 residents.

The facility has 37 cameras that provide coverage to hallways and common areas of the facility and the exterior of the building.

CoreCivic's Purpose, Mission and Values states:

Our Purpose: Help government better the public good.

Our Mission: We help government better the public good through:

CoreCivic Safety – we operate safe, secure facilities that provide high-quality services and effective reentry programs that enhance public safety.

CoreCivic Community – we deliver proven and innovative practices in settings that help people obtain employment, successfully reintegrate into society and keep communities safe.

CoreCivic Properties – we offer innovative and flexible real estate solutions that provide value to government and the people they serve.

Our Values:

P: pride

R: respect

I: integrity

D: duty

E: excellence

The previous PREA Audit was conducted with a facility visit of August 20-21, 2019, and a final report date of September 1, 2018. This audit report was reviewed by this current auditor prior to the on-site visit.

Prior to the visit, the auditor also reviewed the Agency Mission Statement, the completed Resident Handbook, daily population reports, a schematic layout of the facility, and the auditor researched for all articles that could be found online.

Staff interviews included:

- 11 Randomly Selected Staff
- 1 Contract Administrator, Specialized Staff
- 1 HR staff member, Specialized Staff
- 1 SAFE/SANE Staff
- 1 Investigator
- 1 Retaliation Monitor
- 2 Risk Screening Staff
- 1 SART member
- 2 Intake Staff Member
- 2 First Responders
- 1 Director
- 1 PREA Compliance Manager
- 1 PREA Coordinator
- 1 Grievance Officer
- 1 Contract Staff, food service
- 1 TDCJ Ombudsman
- 1 Case Manager Supervisor
- 2 Case Manager

The facility has no medical or mental health staff, no volunteers or contract staff, no non-medical staff involved in cross gender strip or visual searches.

Resident Interviews included:

- 11 Random
- 2 Targeted

The facility provided a memo which indicated that there were no LEP, disabled, transgender, lesbian, gay, bisexual, intersex, segregation or inmates who reported sexual abuse in the population. Due to the nature of the program, the number for these populations is typically the same; zero.

For the file review of El Paso Transitional Center summaries will be listed here, and standards reviewed referenced here in detail.

Resident File Review:

A total of fifteen (15) resident files were randomly selected from a roster of the entire resident population provided to the auditor. For each file, the PREA intake screenings were reviewed

and compared to the resident's intake date to ensure completion within 72 hours and the follow up screening occurring within 30 days (115.241); resident education completion timely (115.233); and housing determinations (115.242). All other provisions of these standards were in compliance.

Staff/Volunteer/Contractor File Review:

A total of ten (10) staff files were randomly selected from a roster of the entire resident population provided to the auditor (it should be noted that additional files were reviewed from the El Paso TC facility as many staff work for both facilities in various roles. For each file reviewed, the auditor looked for the criminal history check (115.217); the administrative adjudication check (115.217); institutional reference check (115.217); PREA training documentation (115.231); specialized training, where applicable (115.232, 115.234, 115.235); and training every two years and refreshers (115.233). All other provisions of these standards were in compliance.

Investigative File Review:

A total of four investigative files were selected to review from the list sent to the auditor to determine compliance with standards 115.231; 115.234; 115.322; 115.271; 115.273; 115.237; and 115.286. While each of the steps required were completed properly and within required timelines, demonstrating compliance, the auditor recommends that additional staff be included in the process. The auditor recommended that additional staff be assigned roles in the process so that the same staff are not completing multiple roles to include investigator, retaliation monitor and SART Team members.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 0
List of Standards Exceeded: 0

Standards Met

Number of Standards Met: 39

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: NA

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In the initial file and documentation set that was provided to the auditor for review, the following documents were included: Community Corrections PREA Standards Compliance Checklist, Policy 14-02 CC, Organizational Chart for CoreCivic Correctional Programs Division, Job Description of the Senior Director, PREA Programs and Compliance, HR Email Announcing PREA Audit & Compliance Senior Director, Email introducing the Director of PREA Compliance and Investigations, 14-2J CC Zero-Tolerance Acknowledgment Form and CoreCivic Summary of Current Job Performance Characteristics for Senior Director of PREA Programs and Compliance.

(a): Policy 14-02-CC, *Sexual Abuse Prevention and Response* states in section 14-2 CC.1 that CoreCivic has mandated zero-tolerance towards all forms of sexual abuse and sexual harassment. Policy further states that such conduct is prohibited by the policy and will not be tolerated, to include resident-on-resident sexual abuse or sexual harassment and employee-on-resident sexual abuse or sexual harassment. Lastly, this policy states that CoreCivic is committed to protecting residents in community corrections from personal abuse, corporal punishment, personal injury, disease, property damage and harassment. Sexual abuse in correctional institutions, including community confinement facilities, is a public safety issue that can impact facility order and security.

The policy does include sanctions for those found to have participated in prohibited behaviors. The policy also includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

Policy 14-02-CC, *Sexual Abuse Prevention and Response* further details and outlines the CoreCivic's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. These sections of policy include, but are not limited to Reporting for staff, resident reporting, training, background checks, staffing, supervision and monitoring, Sexual Abuse Response Team (SART), resident screening and education, response procedures, and investigations.

The facility has all staff sign a 14-2J-CC, which describes the facility and agencies Zero-tolerance policy in detail.

(b): CoreCivic employs the position of Senior Director, PREA Programs and Compliance. A Director of PREA Compliance and Investigations reports to the Senior Director. The Senior Director reports to the Executive Vice President and President of Operations at the FSC.

Policy 14-02-CC states that the Facility Support Center (FSC) is an upper-level management FSC employee designated to develop, implement, and oversee CoreCivic's companywide efforts to comply with the PREA National Standards and the company's Sexual Abuse Response and Prevention Program. He/she must provide supervisory oversight to all CoreCivic facilities ensuring coordination in the prevention, detection, intervention, investigation, and discipline/prosecution of sexual abuse as specified in this policy.

An interview was conducted with both the PREA Coordinator (PC) for the Agency and the PREA Compliance Manager (PCM) for the facility. Each were extremely knowledgeable about

their roles and responsibilities, the standards, the policy and the things that occur in operations for El Paso TC. Each indicated that they feel that they have proper authority and time to complete their duties which could also be seen by the response from staff, the documents reviewed and the processes in place.

The auditor reviewed, analyzed and retained the following evidence related to this standard.

Community Corrections PREA Standards Compliance Checklist
Policy 14-02 CC *Sexual Abuse Prevention and Response*
Organizational Chart for CoreCivic Correctional Programs Division
Job Description of the Senior Director, PREA Programs and Compliance
HR Email Announcing PREA Audit & Compliance Senior Director
Email introducing the Director of PREA Compliance and Investigations
CoreCivic Summary of Current Job Performance Characteristics for Senior Director of PREA Programs and Compliance
Interview of PREA Coordinator for CoreCivic (Senior Director)
Interview of PREA Compliance Manager for El Paso TC
14-2J-CC, PREA Zero-Tolerance Policy Acknowledgment

Standard 115.212: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)
 Yes No NA

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that

fails to comply with the PREA standards.) Yes No NA

- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CoreCivic is a private provider and does not contract with other agencies for the confinement of participants; therefore, this standard does not apply.

A memorandum was provided by the facility, which states that this standard is not applicable. This facility does not contract with others to house resident clients.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist
Policy 14-02 CC Sexual Abuse Prevention and Response
Interview with Vice President of Operations Administration, CoreCivic

Standard 115.213: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.213 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual

abuse? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that CoreCivic shall develop an annual staffing plan for each facility that provides for adequate levels of staffing to protect residents against sexual abuse. The location of video monitoring systems will be considered when determining adequate levels of staff. In calculating staffing levels and determining the need for video monitoring, the following factors shall be taken into consideration:

1. The physical layout of each facility;
2. The composition of the inmates/resident population;
3. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
4. Any other relevant factors.

The 202114-02 CC-I documented staffing plan was provided to the auditor and reviewed. It considered and discussed that the facility provides for adequate levels of staffing and, where applicable, video monitoring is used, to protect residents against sexual abuse. This plan took into consideration the physical layout of the facility, the composition of the resident population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse and allows the facility to discuss any other relevant factors.

On the PAQ, the facility indicated that the average daily number of residents is 170.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states in section D, Staffing, that: the facility shall make its best effort to comply, on a regular basis, with the approved PREA staffing plan and shall document all deviations. Deviations shall be documented, and notifications in accordance with Policy 5-1 CC.

Pursuant to the PAQ, the Director self-reports to the agency develops and documents a staffing plan that provides for adequate levels of staffing and where applicable, video monitoring, to protect residents against sexual abuse. The Director reports the average daily number of residents since the last PREA audit and the number on which the staffing plan is predicated is 290 residents.

The Director is responsible for reviewing the PREA Staffing Plan in conjunction with the daily shift roster. If a position identified on the Staff Plan is vacated for a shift, the Operations Supervisor shall notify the PREA Compliance Manager of the deviation. The PREA Compliance Manager (PCM) shall:

1. Document and describe the deviation on the 5-1B Notice to Administration via the IRD, along with a thorough justification for the deviations; and
2. Notify the FSC PREA Coordinator of the deviation within seven (7) calendar days; to include a description of any corrective actions that were taken to resolve the deviation.

During the audit review period, there were no incidents where the facility deviated from the staffing plan. There is, however, a form and a practice of documenting this, should it occur. While on site, supervisors and the PCM indicated that they were aware of the requirements and process to document and report this.

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that whenever necessary, but no less frequently than once each year, for each CoreCivic facility, an annual PREA staffing plan assessment will be completed.

In consultation with the respective Vice President, Operations, the FSC PREA Coordinator shall assess, determine, and document whether adjustments are needed to:

1. Prevailing staffing patterns;
2. The facility deployment of video monitoring systems and other monitoring technologies; and
3. The resources the facility has available to commit to ensure adherence to the staffing plan.

The facility provided and the auditor reviewed the 202114-02 CC-I Staffing Plan review and saw that the facility assessed, determined, and documented whether adjustments are needed to the staffing plan, whether adjustments are needed to prevailing staffing patterns, whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies, and whether adjustments are needed to the resources the facility has available to commit in order to ensure adequate staffing levels.

During the twelve (12) months preceding this audit, there have been no deviations from the staffing plan.

The auditor reviewed, analyzed and retained the following evidence related to this standard.

Community Corrections PREA Standards Compliance Checklist
Policy 14-02 CC *Sexual Abuse Prevention and Response*
Statement of Work
14-2 CC-I, Annual PREA Staff Plan Assessment for 2021
Supervisory interviews

Staff Timecards
2021 Operational Staffing Patterns
PCM interview
Tour of physical plant
Review of camera placement and viewing

Standard 115.215: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? Yes No

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.)
 Yes No NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female residents.) Yes No NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat down searches of female residents? (N/A if the facility does not have female residents). Yes No NA

115.215 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing

their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No

- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 CC, Sexual Abuse Prevention and Response states that cross gender resident strip searches shall not be conducted except in exigent circumstances (that is, temporary unforeseen circumstances that require immediate action to combat a threat to security or institutional order) or when performed by medical practitioners.

For purposes of pat searching and visual searches, residents will be searched in accordance with the gender of the institution or housing assignment in which they are assigned. Transgender residents may request an exception. The exception must be pre-authorized by the facility director.

(b) Policy 14-02 CC, Sexual Abuse Prevention and Response states that cross-gender resident frisk/pat searches of female residents by male employees are prohibited except in exigent circumstances (that is, temporary unforeseen circumstances that require immediate action to combat a threat to security or institutional order).

This facility does not house female residents. Of note based on the auditor's observations and conversations with staff during the tour, female residents are not housed at TC. Accordingly, the auditor finds 115.213(b) to be not applicable to TC.

(c) Policy 14-02 CC, Sexual Abuse Prevention and Response states that whenever a cross-gender pat search of a female resident or a cross gender strip search of any resident does occur, the search shall be documented.

(d) Policy 14-02 CC, Sexual Abuse Prevention and Response states that inmates/resident may shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttock, or genitalia, except in exigent circumstances (that is, temporary unforeseen circumstances that require immediate action to combat a threat to security or institutional order) or when such viewing is incidental to routine living quarter checks.

Policy continues to state that employees of the opposite gender must announce their presence when entering an area where inmates/resident are likely to be showering, performing bodily functions, or changing clothing.

While doing the tour of the housing areas and while being on-site for the two days, staff were constantly heard completing these announcements and each resident that was interviewed stated that this occurs regularly. The residents also stated that they appreciate these as they are given the opportunity to cover themselves if they are changing. Signs are also posted on restrooms which state 'announce before you enter' reminding others of this privacy requirement.

The Director provided and posted a memo to the resident population dated September 23, 2021, which stated: *Residents are required to dress in the shower area upon completion of their shower. In the event residents must remove their undergarments while changing clothing, the resident will be required to dress in the shower area.*

(e) Policy 14-02 CC, Sexual Abuse Prevention and Response states that searches or physical examination of a transgender or intersex resident for the sole purpose of determining the resident's genital status is prohibited. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

Policy also stated that pat and strip searches of transgender/intersex residents will be completed by a staff member of the same sex for which the resident has been classified by the customer/partner agency. Making accommodations, if necessary, to search individuals according to gender identity would not violate the prohibitions on cross-gender searches. Searches of breasts will be completed using the back and/or side of the hand.

(f) Policy 14-02 CC, Sexual Abuse Prevention and Response states that in addition to the general training provided to all employees, security staff shall receive training in how to conduct cross-gender pat down searches, and searches of transgender and intersex residents, in a manner that is professional, respectful, and the least intrusive possible while being consistent with security needs.

The CoreCivic Training Facilitators Guide for Search Procedures was reviewed by the auditor. In this guide, and referenced on slide six, the guide states that searches of transgender or intersex inmates/resident should be conducted in accordance with the inmate's gender identity and by asking the individual to identify the staff with whom they would feel most comfortable conducting the search. Residents who are suspected of changing their identity and/or search preferences to evade security screening procedures should be reported to supervisory personnel. Staff should never conduct a 'dual gender' pat search, i.e.: where the staff of one gender searches the top half of the inmate and the staff of the opposite gender searches the bottom half of the inmate.

The guide also states that cross gender searches and searches of transgender and intersex inmate should be conducted in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. Finally, pat searches of transgender visitors should be conducted in accordance with the gender identity of the visitor.

Policy states that pat downs shall be conducted by a staff member of the same sex only. A female staff to a female participant and male staff to a male participant.

The facility provided the auditor with a memo stating that during this reporting period, there were no instances where there was an exigent circumstance that required cross gender viewing or searches.

According to the PAQ, in the past twelve months, there have been zero cross gender strips searches or visual body cavity searches of residents at the facility.

All staff that were interviewed indicated that they have been trained on all things relating to searches, but they only do pat downs occasionally and would never complete a strip search,

unless there was cause. Strip search logs were reviewed and demonstrated that these are rarely completed, but when they are, they are logged with date, time, resident name, their TDCJ number, the staff conducting the search, the Director/ADO staff member who authorized the search and the description of any contraband found. Each of these had two staff sign as being present and all were the same gender as the resident.

Based on interviews with the Director and the PCM, in regard to urgent circumstance(s) that may warrant a cross-gender strip search or visual body cavity search, the non-medical staff involved in cross-gender strip or visual searches interviewee asserts, as an example, serious contraband trafficking (e.g., suspected weapon in rectum) or possibly a mandatory evacuation could equate to exigent circumstances.

During the facility tour, the auditor observed the following painted above housing unit entry doors: "Opposite Gender Must Announce Upon Entry".

Additionally, the auditor noted female staff, inclusive of the Director, clearly and audibly announced "Female" upon entry into each housing unit.

The auditor reviewed, analyzed and retained the following evidence related to this standard.

Community Corrections PREA Standards Compliance Checklist
Policy 14-02 CC *Sexual Abuse Prevention and Response*
Policy 11-6 Searches and Search Procedures
Lesson Plan and Facilitator Guide for Searches
Training Acknowledgement Sheets for 9 staff assigned
Shift Activity Log
Resident Interviews
Shift Reports

Standard 115.216: Residents with disabilities and residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that Residents will be provided education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as residents who have limited reading skills.

All documents translated for inmate use and education had an average of a grade level of grade 10.8 for reading comprehension.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that the facility shall take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility and agency efforts to prevent, detect, and respond to respond to (sic) sexual abuse and sexual harassment.

Residents who are deaf or hard of hearing shall have access to information through simple written communication. Sign language interpreters, or auxiliary aids such as a TTY that are

reasonable, effect, and appropriate to the needs of the resident shall be provided when simple written communication is not effective.

The Facility will ensure that information is effectively communicated orally, on an individual basis to residents with limited reading skills, residents who are blind or have low vision and those who may have difficulty understanding provided (sic) information due to intellectual deficiencies, mental health concerns or speech disabilities.

For those residents who are limited English proficient with Spanish as a primary language, a flier entitled "Sexual Assault Awareness and Prevention" is available in both English and Spanish. This flier is educational and outlines the PREA education requirements to the inmate population.

The facility, according to policy, shall take reasonable steps to ensure meaningful access to all aspects of the facility and agency efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are Limited English Proficient (LEP). Interpreters shall be provided who can interpret effectively, accurately, and impartially, both receptively and expressively using any necessary specialized vocabulary.

The video, called *PREA: What you need to know*, is available in English, Spanish and Hmong.

A contract between Language Lines Solutions, Inc. and CoreCivic of Tennessee, LLC. was provided to and reviewed by the auditor. The contract provides for over-the-phone services for translation and was last executed on February 17, 2019. It provides for interpretation services in over 200 languages.

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that residents will not be relied upon to provide interpretation services, act as readers, or provide other types of communication assistance, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's/residents safety, the performance of first-responder duties, or the investigation of the resident's allegations.

In the past twelve (12) months, the facility indicated that there were no instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety. While onsite, the auditor selected an inmate who spoke both English and Mandarin (this inmate was not LEP as he did understand English). A case manager was able to locate and utilize the language line to speak with the resident in Mandarin, demonstrating that the process will work.

An interview with CoreCivic Vice President, Operations Administration was conducted, and he indicated that the CoreCivic corporate office provides assistance to facilities that enable them to locate potential vendors and/or agencies that would provide support services for residents with disabilities. The agency maintains a comprehensive contract with the Language Line and some when have an MOU with organizations in the local communicates to provide translation

services when needed. TTY phones are provided, and arrangements are also made to assist those residents who are blind.

At the time of the audit, there were no residents who were blind, with low vision, deaf or with cognitive deficits.

The auditor reviewed, analyzed and retained the following evidence related to this standard.

Community Corrections PREA Standards Compliance Checklist
Policy 14-02 CC *Sexual Abuse Prevention and Response*
Statement of Work
Sexual Assault Awareness and Prevention Brochure (English and Spanish)
Handbook
Language Line contract and flier
Video *PREA: What you need to know*
Interview with Resident with use of the Language Line
Email to staff on Language Line usage
Interview with CoreCivic Vice President, Operations Administration
Handbook for those with limited vision
Use of Language Line with Resident
Random Staff Interviews
Memo

Standard 115.217: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?
 Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? Yes No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor, who may have contact with residents? Yes No

115.217 (c)

- Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal State, and local law: Make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No

115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or

have in place a system for otherwise capturing such information for current employees?
 Yes No

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.217 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that to the extent permitted by law, CoreCivic will decline to hire or promote anyone who may have contact with inmates/residents and decline to enlist the services of any contractor who may have contact with inmates/residents who:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 USC 1997);
2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion or if the victim did not consent or was unable to consent or refuse; and
3. Has been civilly or administratively adjudicated to have engaged in the activity as outlined above.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states any incident of sexual harassment shall be considered in determining whether to hire or promote any individual, or to enlist the services of any contractor, who may have contact with residents.

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that before hiring new employees who may have contact with inmates/residents, CoreCivic shall:

1. Perform a criminal background records check; and
2. Consistent with federal, state and local law make its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse as defined by this policy. The 3-20-2A Verification of Employment form shall be used to solicit such prior employment information.

Form 3-20-2B *PREA Questionnaire for Prior Institutional Employers* was reviewed. It is signed by all prospective hires and is a release of information to be sent to all prior institutions that the person may have worked at. HR staff interviewed walked the auditor through their process of this form and the use of the information in consideration during the hiring process.

The authorization for security clearance form states 'I understand omission of any item may result in not receiving full consideration for employment'. This form is signed by every applicant.

Verifications of Former Employment, form 3-20-A were reviewed within the audit period and demonstrated compliance.

(d) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that CoreCivic in partnership with their oversight agencies shall also perform a criminal backgrounds records

check before enlisting the services of any unescorted contractor who may have contacts with inmates/residents.

(e) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that CoreCivic in partnership with their oversight agencies, shall conduct criminal background records checks at least every five (5) years of current employees and unescorted contractors who may have contact with inmates/residents or have in place a system for otherwise capturing such information.

A memorandum from the Texas Department of Criminal Justice was provided to the auditor, dated February 1, 2011. The memo states, in part that:

Effective February 1, 2011, the procedure for annual background checks for Contract Vendor staff will change. The background request will need to contain a set of fingerprints to place on file with the DPS in order to initiate a method of reporting of new arrests known as Flash Reporting. No longer will the yearly annual background check be required as from the time the new system for background checks is implemented, you will be notified of any new arrests as DPS related new arrest information. Please be aware, this does not alleviate the employee responsibility to notify the employer of the arrest nor the Contractor to notify TDCF and, if desired, request TDCJ approval for the employee to return to work.

The process was also detailed during the interview conducted with the Human Resources Representative.

(f) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that all applicants and employees who may have direct contact with inmates/residents shall be asked about previous misconduct, as outlined above, in written applications and in any interviews or written self-evaluations conducted as part of reviews of current employees.

Form 14-2H-CC is a self-declaration of Sexual Abuse/Sexual Harassment signed by each new applicant, employee promotion or transfer or for an unescorted contractor.

The form entitled 'self-declaration of sexual abuse/sexual harassment' states that "you certify your understanding that if you provide false or fraudulent information you could be disqualified from further consideration for employment or, if falsity is discovered after you have become employees, terminated from employment". This form is signed by each applicant, employee and unescorted contractor.

(g) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that to the extent permitted by law, CoreCivic may decline to hire or promote and may terminate employment based on material omissions regarding such misconduct, or the provision of materially false information. The 14-2 CC-H form shall also service as verification of an employee's fulfillment of his/her continuing affirmative duty to disclose any sexual misconduct as described in this policy, and as outlined above.

Form 14-2CC-H is a self-declaration of Sexual Abuse/Sexual Harassment signed by each new applicant, employee promotion or transfer or for an unescorted contractor.

(h) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that unless prohibited by law, CoreCivic shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Prior to arrival to the facility, management provided the auditor with a list of all current staff members, which listed their name, title and date of hire, as well as calendars for the various positions/shifts that covered the time the auditor would be onsite. In total, there was twenty-nine (29) employees for the facility.

The auditor randomly selected staff from this list with five being hired within the past twelve (12) months. The auditor reviewed the clearance date for each staff member for the completion of the background check, the self-declaration forms, the prior institutional background check form, and the date of hire for each of the staff members selected. For each of the files reviewed, all elements and provisions were in compliance in that:

1. Background checks were completed prior to hiring;
2. Background checks will be completed every five years (longer staff selected did have multiple checks in their files);
3. Self-declaration forms are completed prior to hiring and completed for each staff member annually and when promoted;
4. Prior institutional forms are being completed, when applicable (those reviewed did not have prior institutional experience outside of CoreCivic;
5. Employees have and sign that they acknowledge their affirmative duty to disclose.

The facility HR was in the process of finalizing the hiring of the facility administrative coordinator. The interview for this audit was conducted with the HR generalist for CoreCivic who oversees HR functions for the Texas community facilities. During the interview, the interviewee detailed all processes outlined in this standard and processes that the facility uses. She was clear, informative, and very helpful in detailing the hiring process, annual requirements and background checks that occur on an ongoing basis.

The facility and the HR staff interviewed indicated that in the past twelve months there was 5 persons hired who may have had contact with residents who have had criminal background checks conducted.

According to the HR interview, the facility does consider prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with residents. The aforementioned forms are used to ascertain whether any incidents of sexual harassment have occurred within the prospective employee's work history. Also, according to the HR interviewee, the facility performs criminal record background checks or considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents and all employees who may have

contact with residents, as well as contractors. A criminal record background check is not conducted for internal promotions however, the same is conducted in the event of an out-of-state promotion.

The Texas Department of Criminal Justice completed the background checks and sends the verifications to the HR staff.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist
Policy 14-02 CC *Sexual Abuse Prevention and Response*
New Hire Paperwork Samples
14-02 H Form
Employee Background Request
Self-Disclosure / Declarations form
Final Approval
Background investigation Disclosure and Authorization form
Authorization for Security Clearance
Provisional Clearance Letters
Interviews with two HR Staff Members
Interview with PCM and PC

Standard 115.218: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) Yes No NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) The facility indicated to the auditor that during the past twelve months, there have been no substantial expansions or modifications to the facility.

Policy 14-02 CC *Sexual Abuse Prevention and Response* states that when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, CoreCivic will consider the effect of the design, acquisition, expansion, or modification on the company's ability to protect inmates from sexual abuse. Such considerations shall be documented on form 7-1B PREA Physical Plant Considerations.

A blank copy of form 7-1B PREA Physical Plant Considerations was reviewed by the auditor. The form prompts the reviewer to consider the elements of the standard and document concerns or considerations.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, CoreCivic will consider how much technology may enhance the ability to protect inmates/resident from sexual abuse. Such considerations shall be documented on form 7-1B PREA Physical Plant Considerations.

A blank copy of form 7-1B PREA Physical Plant Considerations was reviewed by the auditor. The form prompts the reviewer to consider the elements of the standard and document concerns or considerations.

The CoreCivic Vice Present of Operations Administration states that CoreCivic employs architects and other professionals who through experience, research and consulting have knowledge of the issues and needs presented by PREA. On new builds and renovations, the design staff will consult with the PREA coordinator for recommendation and work to ensure that PREA is addressed. Real estate and design staff receive information from the field on

privacy concerns in areas such as showers, restrooms, and any areas where residents may be in a state of undress. Blind spots are identified that can be corrected through video surveillance coverage. During acquisitions, the staff making the site visits develop a preliminary assessment and the PREA coordinator is involved in the review of physical plant issues. At existing facilities, a form 7-1B (PREA Physical Plant Considerations) will be completed to ensure PREA is considered when initiating a renovation/new construction.

In addition, the VP states that cameras are used to support direct/indirect staff supervision. Better quality systems have been installed and consideration to optimal coverage is addressed at the time of these upgrades. Camera placement also takes into consideration the privacy needs for cross gender viewing in areas like restrooms and shower areas. Technology is also discussed with the facility during the PREA Staffing Plan assessment that is reviewed each year by facility staff and the FSC PREA coordinator.

The facility provided the 2019, 2020, and 2021 Annual PREA Staffing Plan Assessments which included these questions and prompts.

The auditor reviewed, analyzed and retained the following evidence related to this standard.

Community Corrections PREA Standards Compliance Checklist
Policy 14-02 CC *Sexual Abuse Prevention and Response*
Policy 7-01B Form for plant physical assessment and improvement
Interview with PC
Interview with PCM
Facility Walk through
Interview with Agency Head
2021, 2020, 2019 Annual PREA Staffing Plan Assessment

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the

victim through the forensic medical examination process and investigatory interviews?
 Yes No

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No
 NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) CoreCivic Policy 14-02 CC *Sexual Abuse Prevention and Response* states that investigations conducted by a facility employee for allegations of sexual abuse will be handled

in accordance with the Code of Federal Regulations, Title 28, Part 115.221, Evidence Protocol and Forensic Medical Examinations, as outlined below. If the facility is not responsible for investigating such allegation, the facility shall request that the responsible outside agency or entity comply with these requirements. In addition, it states that the investigating entity shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

A Memorandum of Understanding on Sexual Abuse Investigations between CoreCivic and the El Paso Police Department was drafted. This MOU stated that the facility agrees to assist and cooperate with investigating Agency in completing the investigation, at the request of the agency's investigating officers. The agency has made multiple attempts to have this signed.

(b) The protocol outlined by the facility and in documentation has been adapted from and is based on the most recent edition of the US Department of Justice's Office on Violence Against Woman publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents".

(c) CoreCivic Policy 14-02 CC *Sexual Abuse Prevention and Response* states that the victims of sexual abuse will be offered access to forensic medical examinations, whether onsite or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by a SFAE or SANE where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The facility shall document efforts to provide SAFEs or SANEs.

During the twelve (12) month period prior to this audit, there were no incidents reported of sexual abuse at the facility.

(d) CoreCivic Policy 14-02 CC *Sexual Abuse Prevention and Response* states the investigating entity shall attempt to make available to the victim a victim advocate from a rape crisis center.

During the twelve (12) month period prior to this audit, there were no incidents reported of sexual abuse at the facility

(e) CoreCivic Policy 14-02 CC *Sexual Abuse Prevention and Response* states that as requested by the victim, either the victim advocate, or a qualified facility staff person shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals.

A Draft Memorandum of Understanding on Sexual Abuse Investigations between CoreCivic and the Sheriff's Department was drafted. This MOU stated that the facility agrees to assist and cooperate with investigating Agency in completing the investigation, at the request of the agency's investigating officers. The agency has made multiple attempts to have this signed.

Memorandums of Understanding on Sexual Abuse Investigations between CoreCivic and Center Against Sexual and Family Violence was reviewed and states that the Center will, if requested by the victim, allow a victim advocate to accompany and support the victim through the forensic medical examination process and investigator interviews, and provide emotional support, crisis intervention, information and referrals.

During the twelve (12) month period prior to this audit, there were no incidents reported of sexual abuse at the facility.

(f) CoreCivic Policy 14-02 CC *Sexual Abuse Prevention and Response* states that investigations conducted by a facility employee for allegations of sexual abuse will be handled in accordance with the Code of Federal Regulations, Title 28, Part 115.221, Evidence Protocol and Forensic Medical Examinations, as outlined below. If the facility is not responsible for investigating such allegation, the facility shall request that the responsible outside agency or entity comply with these requirements.

(g) Policy states that CoreCivic is not a state entity or component of the DOJ responsible for investigating allegations of sexual abuse.

A Memorandum of Understanding on Sexual Abuse Investigations between CoreCivic and the Sherriff's Department was signed. This MOU stated that the facility agrees to assist and cooperate with investigating Agency in completing the investigation, at the request of the agency's investigating officers. The MOU states that upon receipt of a referral from Facility in accordance with other provisions, investigating agency will coordinate and conduct a criminal investigation in accordance with the requirements of 28 CFR 115.21 paragraphs (a)- (e), which are incorporated in the MOU.

(h) A Memorandum of Understanding on Sexual Abuse Investigations between CoreCivic and the Sherriff's Department was signed. This MOU stated that the facility agrees to assist and cooperate with investigating Agency in completing the investigation, at the request of the agency's investigating officers. The MOU states that upon receipt of a referral from Facility in accordance with other provisions, investigating agency will coordinate and conduct a criminal investigation in accordance with the requirements of 28 CFR 115.21 paragraphs (a)- (e), which are incorporated in the MOU.

The facility provided certificates for five staff trained in Specialized Investigation for this facility.

The auditor reviewed, analyzed and retained the following evidence related to this standard.

Community Corrections PREA Standards Compliance Checklist

Policy 14-02 CC *Sexual Abuse Prevention and Response*

Investigation Outline and Protocol

A Memorandum of Understanding on Sexual Abuse Investigations between CoreCivic and the El Paso Sheriff's Department

Memorandums of Understanding on Sexual Abuse Investigations between CoreCivic and University Medical Center
Memorandums of Understanding on Sexual Abuse Investigations between CoreCivic and The Center Against Sexual and Family Violence
Uniform Evidence Protocol
A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents
Interview with hospital SANE staff
Interview with PCM
Interview with Captain
Interview with PC

Standard 115.222: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)
 Yes No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that the Administrator/Director shall ensure that an administrative investigation and a referral for a criminal investigation, where appropriate, are completed for all allegations of sexual abuse and sexual harassment.

During the past twelve (12) months, the facility has indicated, on the PAQ, that there have been three allegations of sexual abuse or sexual harassment received: three resulting in administrative investigations and none resulting in a referral for criminal investigation.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that the PCM, Administrator/Director, or Administrative Duty Officer will ensure that the following is completed: Administrative Duty Officer staff, the PREA Compliance Manager, Facility Director or designated on-site supervisory staff shall immediately report all allegations of sexual assault, sexual abuse or sexual harassment to a law enforcement agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior or the allegation would not be considered a criminal act under federal, state, or local law.

Policy 14-02 CC *Sexual Abuse Prevention and Response* states that it is CoreCivic policy to aggressively investigate all allegations, regardless of the source, and prosecute those who are involved in incidents of sexual abuse that are criminal in nature.

This information is readily available on the CoreCivic Prison Rape Elimination website with links to policy and the standards.

Policy also states that CoreCivic facilities do not conduct criminal investigations into allegation of sexual abuse. All allegations of sexual abuse or sexual harassment shall be referred for investigation to an agency or entity with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior.

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that each CoreCivic shall enter or attempt to enter into a written MOU with an outside law enforcement agency or investigating entity, outlining the roles and responsibilities of both the facility and the investigating entity in conducting sexual abuse investigations.

A Memorandum of Understanding on Sexual Abuse Investigations between CoreCivic and the El Paso Sheriff's Department. The MOU states that upon receipt of a referral from Facility in accordance with other provisions, investigating agency will coordinate and conduct a criminal investigation in accordance with the requirements of 28 CFR 115.21 paragraphs (a) - (e), which are incorporated in the MOU. In addition, it states that the facility agrees to assist Investigating Agency in obtaining the required training as outlines in 28 CFR 115.34, at no cost to Investigating Agency.

(d) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that potentially criminal allegations of sexual assault or sexual abuse will be investigated by an external law enforcement agency or the investigative component of the partner agency, in these instances, unless directed otherwise by the partner agency or a law enforcement agency with the jurisdiction, the facility investigator will investigate all PREA allegations. When directed not to investigate the event or potentially criminal component of the incident, the facility has a duty to administratively investigate the complaint and arrive at a finding in accordance with the preponderance of the evidence standard.

During an interview with the CoreCivic Vice President, Operations Administration, he stated that it is policy to refer all allegations of sexual abuse that are criminal in nature to law enforcement agencies with the legal authority to conduct criminal investigations. All administrative investigations are conducted by CoreCivic investigators who have received the specialized PREA training and/or law enforcement officials. In addition, the VP stated that all allegations are reported in the CoreCivic Incident Reporting Database (IRD) system which triggers an investigation. This system requires multiple levels of administrative oversight and review. All allegations that could result, if substantiated, in criminal violations are referred to the appropriate law enforcement officials (or by contracted partner investigative entity). Our staff work with the outside law enforcement, upon request.

Regarding the Draft MOU with the EL Paso Sheriff's Department, the facility provided the auditor with a detailed memorandum of the attempts to execute the MOU's. Attempts have been made for years through both departments legal, administration and directors. In addition to this MOU, the facility provided emails and dates to verify each of these attempts.

According to the PAQ, in the past twelve (12) months, there was one allegation of sexual abuse and sexual harassment received. In addition, there were four allegations that resulted in administrative investigations.

The auditor reviewed, analyzed and retained the following evidence related to this standard.

Community Corrections PREA Standards Compliance Checklist
Policy 14-02 CC *Sexual Abuse Prevention and Response*
5-1E CC PREA Reporting
CoreCivic PREA Statement
MOU With El Paso Sheriff's Department
Memo
Interview with Specialized Staff
Interview with PREA Compliance Manager
Interview with PREA Coordinator
Interview with CoreCivic Vice President, Operations Administration
Administrative Incident Review

TRAINING AND EDUCATION

Standard 115.231: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? Yes No

- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.231 (c)

- Have all current employees who may have contact with residents received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that CoreCivic has mandated zero-tolerance towards all forms of sexual abuse and sexual harassment. In addition, it states that all CoreCivic facility employees shall receive training on CoreCivic's zero-tolerance policy for sexual abuse and sexual harassment. Such training shall be tailored to the gender of the residents at the facility and at a minimum; all employees shall receive pre-services and annual in-services training on the PREA National Standards and other applicable state or local laws imposing criminal liability for the sexual abuse of a person held in custody.

Further, policy states that employees will be trained on:

1. The CoreCivic zero-tolerance policy for sexual abuse and sexual harassment;
2. How to fulfill employee responsibilities for sexual abuse/sexual harassment prevention, detection, reporting, and response in accordance with this policy;
3. The right of inmates/resident to be free from sexual abuse and sexual harassment;
4. The right of inmates/residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
5. The dynamics of sexual abuse and sexual harassment in confinement, including locations, situations, and circumstances in which sexual abuse may occur;
6. The common reaction of sexual abuse and sexual harassment victims;
7. Signs of victimization;
8. How to detect and respond to signs of threatened or actual sexual abuse;
9. How to avoid inappropriate relationships with inmates/residents;
10. How to communicate effectively and professionally with inmates/resident, including LGBTI and Gender Non-Conforming inmates/residents; and
11. How to comply with laws relevant to mandatory reporting of sexual abuse to outside authorities.

The CoreCivic PREA Overview class and participant Guide was reviewed. The guide included all elements listed above, in the standard and in policy.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that all CoreCivic facility employees shall receive training on CoreCivic's zero-tolerance policy for sexual abuse and sexual harassment. Such training shall be tailored to the gender of the residents at the facility and at a minimum, all employees shall receive pre-services and annual in-services training on the PREA National Standards and other applicable state or local laws imposing criminal liability for the sexual abuse of a person held in custody.

Policy also states that employees transferring to a facility that houses a population whose gender is different from their previously assigned facility shall receive additional training specific to the population of the newly assigned gender.

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that all CoreCivic facility employees shall receive training on CoreCivic's zero-tolerance policy for sexual abuse and sexual harassment. Such training shall be tailored to the gender of the inmates/residents at the facility and at a minimum, all employees shall receive pre-services and annual in-services training on the PREA National Standards and other applicable state or local laws imposing criminal liability for the sexual abuse of a person held in custody.

(d) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that employees shall be required to confirm, by either electronic or manual signature, their understanding of the received training. Signed documentation will be maintained in the employees training file.

Upon arrival to the facility, management provided the auditor with a list of all current staff members, which listed their name, title and date of hire, as well as calendars for the various positions/shifts that covered the time the auditor would be onsite. In total, there was twenty-nine (29) employees for the facility.

The auditor randomly selected training files to review. The auditor asked the facility for documentation and reviewed the complete training file and list of classes taken by date and all training acknowledgments that were signed. Of these files, all were in compliance in that:

1. Staff were trained on the aforementioned elements include in provisions of this standard;
2. Staff signed an acknowledgment that they understood the training that they received;
3. Staff were trained prior to their start date and contact with the population;
4. Those employees that have been at the facility for over one year, receive this training and sign the acknowledgment annually.

In the past year, there has been a total of five individual contractors who have contact with resident who have been training in agency policies and procedures regarding sexual abuse/harassment prevention, detection and response. There have been no volunteers in the past year due to COVID-19.

Lastly, Policy 4-1 CC, *Staff Development and Training* states that Orientation and/or Custody training shall be scheduled so that all training is completed before the staff member may work with residents.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist
Policy 14-02 CC *Sexual Abuse Prevention and Response*
Policy 4-1 CC, *Staff Development and Training*
Training Policy
PREA Overview, Participant Guide for Training
CoreCivic PREA Policy Acknowledgment and/or Training Acknowledgment
Staff Roster
Staff Training Printout
Random Staff interviews
HR Files
Training Files
Discussion with training and HR staff
Interview with PCM
Interviews with all specialized staff
Training Facilitators Guide
2021 CoreCivic Training Plan

Standard 115.232: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.232 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?
 Yes No

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that all volunteers/contractors who have contact with inmates/residents shall receive training on their responsibilities pertaining to sexual abuse and sexual harassment prevention, detection, reporting and response as outlined in this policy.

The facility advised the auditor that there are currently five contract staff or contractors at the facility. There are no volunteers at this time due to the pandemic.

Each volunteer signs the 14-2 A CoreCivic PREA Policy Acknowledgement and/or Training Acknowledgment Form. The training acknowledgement section, which is signed and dated by employee, states: I have listened to the instructors, viewed all video presentations, read all handouts, and I understand the training that I have received. I understand that as an employee, volunteer/contractor it is my responsibility to abide by policy and procedures as directed in the training. If I have questions about the training material presented, or policy/procedures I am aware that it is my responsibly to seek clarification from the class instructor to my supervisor, the Learning and Development Manager, or the PCM. Twelve signed samples of this form were provided to/reviewed by the auditor.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that the level and type of training provided to volunteers/contractors shall be based on the services they provide and level of contact they have with inmates/residents. All volunteers/contractors who have contact with inmates/residents shall be notified of CoreCivic's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

The facility advised the auditor that there are currently no contract staff or contractors at the facility.

Each volunteer signs the 14-2 A CoreCivic PREA Policy Acknowledgement and/or Training Acknowledgment Form. The training acknowledgement section, which is signed and dated

by employee, states: I have listened to the instructors, viewed all video presentations, read all handouts, and I understand the training that I have received. I understand that as an employee, volunteer/contractor it is my responsibility to abide by policy and procedures as directed in the training. If I have questions about the training material presented, or policy/procedures I am aware that it is my responsibly to seek clarification from the class instructor to my supervisor, the Learning and Development Manager, or the PCM. Twelve signed samples of this form were provided to/reviewed by the auditor.

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that volunteers/contractors shall be required to confirm, by either electronic or manual signature, their understanding of the received training. Signed documentation will be maintained in the volunteer or contractor's file.

The facility provided the auditor with a memo stating that the EL Paso TC Reentry Center provides formal training for contractors who enter the facility more than once or on a regular basis to include instructor lead training, watching the PREA training video and reviewing the CoreCivic 14-2CC policy. An acknowledgment of receipt and understanding is signed indicating they have reviewed the policy and attended training.

Each volunteer signs the 14-2 A CoreCivic PREA Policy Acknowledgement and/or Training Acknowledgment Form. The training acknowledgement section, which is signed and dated by employee, states: I have listened to the instructors, viewed all video presentations, read all handouts, and I understand the training that I have received. I understand that as an employee, volunteer/contractor it is my responsibility to abide by policy and procedures as directed in the training. If I have questions about the training material presented, or policy/procedures I am aware that it is my responsibly to seek clarification from the class instructor to my supervisor, the Learning and Development Manager, or the PCM. Twelve signed samples of this form were provided to/reviewed by the auditor.

Currently, the facility has five contracted staff members working at the facility. The auditor reviewed the start date, their education/training and receipt of PREA information dates and the date that their background check was completed as well as their signed acknowledgement of the training received. All training and background checks were completed prior to having any contact with the resident population.

The Director stated during the interview, that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. The Director further self-reports contractors, who have contact with residents, have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

The auditor reviewed, analyzed and retained the following evidence related to this standard.

Community Corrections PREA Standards Compliance Checklist
Policy 14-02 CC *Sexual Abuse Prevention and Response*

Volunteer Manual
Self-declaration of Sexual Abuse/Sexual Harassment
Volunteer Acknowledgement of PREA training
Interview with Director
Interview with Volunteer Coordinator (Program Supervisor)
Interview with Volunteer
Contract staff file
14-2K-CC PREA Overview Training for Contractors and Volunteers Document
TDCJ PREA Acknowledgement of Volunteer/Orientation Form
Document
TDCJ PREA Acknowledgement of Volunteer/Orientation Form

Standard 115.233: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? Yes No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? Yes No

- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? Yes No

115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions? Yes No

115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states upon arrival at the facility, all residents shall be provided written information regarding sexual abuse prevention and reporting. Refresher information will be provided to residents whenever they are transferred to another facility. Residents shall receive comprehensive educational information about the following topics related to this policy:

1. CoreCivic's zero tolerance policy regarding sexual abuse and sexual harassment;
2. How to safely report incidents, threats or suspicion of sexual abuse or sexual harassment;
3. An residents right to be free from sexual abuse and sexual harassment;
4. Right to be free from retaliation for reporting such incidents; and
5. Policy and procedures regarding responding to such incidents.

Further, policy 14-02 CC states that residents will be provided education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as residents who have limited reading skills.

During the past twelve (12) months, there has been 571 residents admitted to the facility who have reviewed and received the education materials.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states upon arrival at the facility, all residents shall be provided written information regarding sexual abuse prevention and reporting. Refresher information will be provided to residents whenever they are transferred to another facility. Residents shall receive comprehensive educational information about the following topics related to this policy:

1. CoreCivic's zero tolerance policy regarding sexual abuse and sexual harassment;
2. How to safely report incidents, threats or suspicion of sexual abuse or sexual harassment;
3. An residents right to be free from sexual abuse and sexual harassment;
4. Right to be free from retaliation for reporting such incidents; and
5. Policy and procedures regarding responding to such incidents.

There have been zero residents in the past twelve (12) months transferred from a different community confinement facility.

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states upon arrival at the facility, all residents shall be provided written information regarding sexual abuse prevention and reporting. Refresher information will be provided to residents whenever they are transferred to another facility. Residents shall receive comprehensive educational information about the following topics related to this policy:

1. CoreCivic's zero tolerance policy regarding sexual abuse and sexual harassment;
2. How to safely report incidents, threats or suspicion of sexual abuse or sexual harassment;
3. A resident's right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents; and
4. Policy and procedures regarding sexual abuse prevention/intervention

Further, policy 14-02 CC states that residents will be provided education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as residents who have limited reading skills.

(d) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that residents shall sign indicating that they have received intake information and this documentation shall be maintained by the facility in the resident file.

(e) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that in addition to providing such education, the facility shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

Posters were seen in both English and Spanish throughout the facility. In addition, a CoreCivic memo entitled *Reporting Allegations of Sexual Abuse/Sexual Harassment* is posted in all housing areas.

Prior to arriving at the facility, the auditor was provided with the roster of residents for the facility. From this list, the auditor randomly selected names.

In each of the files reviewed, residents were provided written and verbal education materials on the same day of their intake into the facility. In addition, and above the standard requirements, the residents go through a comprehensive 'training' or education session, usually within one week of entry, and are provided more information and training on this topic. Through the facility, there is also literature, posters and signs educating the population on their rights and responsibilities.

Each random and specialized resident who was interviewed recalled the training, how to report and all elements of the provisions of the standard. In addition, each resident stated that they feel they could report, and staff would be responsive and keep in confidential.

The training and documentation for inmates could be seen throughout the facility and was thorough and above and beyond the requirements of the standard. Further, each inmate was well versed in the requirements, and much more.

The inmate handbook was reviewed and it contains all information required by the provisions of this standard.

The auditor reviewed, analyzed and retained the following evidence related to this standard.

Community Corrections PREA Standards Compliance Checklist
Policy 14-02 CC *Sexual Abuse Prevention and Response*
PREA DVD
PREA Poster
PREA Acknowledgment

Resident Interviews (random and specialized)
Resident Files
Facility Walkthrough
Interview with Intake Staff
Interview with Counselors
Interview with PCM
Memo to all staff from Director regarding Resident Education
Language Line Contract

Standard 115.234: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
 Yes No NA

(a)115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that in addition to the general training provided to all employees and to the extent that CoreCivic conducts sexual abuse investigations, investigators shall receive training in conducting sexual abuse investigations in confinement settings. The PCM shall ensure that more than one (1) person at the facility receives training as a sexual abuse investigator. This will ensure that a trained investigator is available as backup during employee absences (e.g.) leave, paid time off, sickness, offsite training, etc.) from work.

The facility provided a Certificate of Completion for the five (5) assigned facility investigators. The certificate is from a training entitled *PREA: Investigating Sexual Abuse in a Confinement Setting* which was delivered online through the National Institute of Corrections. In addition, CoreCivic held a webinar training entitled "*PREA Update, Investigation Standards and Required Specialty Training*". Each of the staff members were also seemed to have taken this class as well, as evidenced by the sign in attendance roster. Lastly, training by Relias and American Jail Association was conducted.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that specialized investigators training shall include techniques for interviewing sexual abuse victims, proper use of *Miranda* and *Garrity* warnings, sexual abuse evidence collections in confinement settings,

and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Policy also states that documentation confirming that investigators have completed the required specialized training in conducting sexual abuse investigations shall be maintained in accordance with facility record retention policies.

The facility provided training documentation for each of the three investigators, via a certificate and a CoreCivic PREA Specialized Training Acknowledgement Form signed and dated by each.

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that employees who conduct sexual abuse and sexual harassment administrative investigations are required to document completion of this training by signing the 14-2A1-CC PREA Training Acknowledgement for Specialty Training. This documentations hall be maintained in the employee training file.

Policy states that CoreCivic is not a state entity or component of the Department of Justice responsible for investigating allegations of sexual abuse.

The auditor reviewed, analyzed and retained the following evidence related to this standard.

Community Corrections PREA Standards Compliance Checklist
Policy 14-02 CC *Sexual Abuse Prevention and Response*
PREA Investigator Training Attendance Rosters
Email on Training Requirements
PowerPoint titled PREA Update Investigation Standards and Required Specialty Training
Training Certificates for each investigator assigned at this facility
Training History Records
Policy 4-1 CC

Standard 115.235: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.) Yes No NA

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) Yes No NA
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232?

(N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that in addition to the general training provided to all employees, all full and part-time Qualified Health Care Professionals and Qualified Mental Health Professions, who work regularly in the facility, shall receive specialized medical training as outlined below:

- How to detect and assess signs of sexual abuse and sexual harassment;
- How to preserve physical evidence of sexual abuse;
- How to respond effectively and professionally to victims of sexual abuse and sexual harassments; and
- How and to whom to report allegations of sexual abuse and sexual harassment.

The facility, however, advised the auditor that there is no medical or mental health staff assigned to this facility.

(b) The facility advised the auditor that there is no medical or mental health staff assigned to this facility.

(c) The facility advised the auditor that there is no medical or mental health staff assigned to this facility.

(d) The facility advised the auditor that there is no medical or mental health staff assigned to this facility.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument? Yes No

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?
 Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon

any additional, relevant information received by the facility since the intake screening?
 Yes No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral?
 Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Request?
 Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness? Yes No

115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that all residents shall be assessed during an intake screening in order to obtain information relevant to housing, work, education, and program assignments. The goal is to keep separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states residents shall be assessed within 24 hours of arrival at the facility unless contracting agency policy authorizes 72 hours following arrival. This includes residents who have been transferred from another facility, have been received from a reception center where an assessment may already have been completed as part of reception, and residents who have been returned who have been returned from court of other leave status.

In the past twelve (12) months, a total of 571 residents have gone through the intake process at the facility and have been screened for risk of victimization or abusiveness within the 72 hours upon intake.

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that victims will be housed in the lower dorm and the predators will be housed in the upper dorm. In case of a physical disability victims/predators will be housed in accordance with their disability to the best of our ability.

Policy continues to state that a list of those residents who are identified through a screening as a victim, potential victim, predator or potential predator shall be maintained and updated as necessary by the operations manager/designee. The list shall be made available to any staff involved in the housing of inmates /residents. Those inmates at high risk of being sexually victimized shall be separated from those at high risk of being sexual predators, to the best of our ability.

Screenings will be completed, according to policy, and documented using the 14-2 CC-B., Sexual Abuse Screening Tool, with referrals to Case Management staff for further evaluation and screening as necessary, unless the facility management contract requires otherwise.

(d) Form 14-2B, Assessment Questionnaire Information includes prompts as to:

- Whether the resident has a mental, physical, or developmental disability;
- The age of the resident;
- The physical build of the resident;
- Whether the resident has previously been incarcerated;
- Whether the resident's criminal history is exclusively nonviolent;
- Whether the resident has prior convictions for sex offenses against an adult or child;

- Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI);
- Whether the resident has previously experienced sexual victimization; and
- The resident's own perception of vulnerability.

(e) Policy states that the initial intake screening shall consider prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse.

(f) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that within a set period not to exceed 30 days from the resident's arrival at the facility, a reassessment of the resident's risk level for victimization or abusiveness will be completed utilizing the 14-2 B-CC or contracting facility equivalent instrument.

(g) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that a reassessment of the resident's risk level of victimization or abusiveness will be conducted by the appropriate Case Manager, or a staff member designated by the Administrator/Director. The reassessment shall occur when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that may impact the resident's risk of victimization or abusiveness.

(h) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that residents may not be disciplined for refusing to answer, or for not disclosing complete information, in response to questions asked pursuant to the following:

- Whether the resident has a mental, physical, or developmental disability;
- Whether the resident is, or is perceived to be, LGBTI or General Non-Conforming.
- Whether the resident has previously experienced sexual victimization; or
- The residents own perception of vulnerability.

The facility advised the auditor that disciplinary action will not be taken for any participant who refused to answer these questions verbally during interviews and via a memo.

(i) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that the facility shall control the dissemination within the facility of responses to questions on the screening forms in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents. Measures taken shall include but are not limited to:

- Sexual abuse screening interviews with residents at intake shall be conducted with as much privacy as is reasonable given security and safety concerns.

- A resident shall not be permitted to complete his/her own 14-2B-Cc form or contracting agency form or utilize assistance from other residents to complete this form. Staff shall complete this form.
- Residents shall not be permitted to have access to files containing assessment forms belonging to other residents.
- Where assessments are conducted electronically, access is only granted to those staff involved in the assessment process, those making housing and program decisions, and staff with a need to know for the safe and secure operation of the facility.

A memo was provided to the auditor, as made available to all staff which directs staff on the records room access allowed at the facility. A few specific positions are identified which demonstrate the role in this process and allowing for the privacy and protection of this sensitive information.

The facility provided the auditor with an “Assessment Tracker” spreadsheet which the staff use to track residents name, ID number, entry date, initial PREA screening date and 30 follow up date.

The Intake Coordinator facilitates the Intake process (document distribution/resident training/facilitation of Orientation) and PREA screening. If the resident arrives at the facility later in the evening, the Intake Coordinator facilitates Intake and Orientation on the next calendar day, regardless of whether the same is a weekend day. During her interview, she stated that all resident PREA education is available in accessible formats for all residents including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as, to residents who have limited reading skills. Further, numerous staff to include the Director stated that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

The auditor reviewed, analyzed and retained the following evidence related to this standard.

Community Corrections PREA Standards Compliance Checklist
 Policy 14-02 CC *Sexual Abuse Prevention and Response*
 Policy 14-02 B CC Screening Tool (electronic and password protected)
 30 day re-assess example
 Direction for Completion of the Sexual Abuse Screening Tool
 Training/Activity Attendance Roster
 Assessment Questionnaire/Information Screening Tool from resident files
 Intake Tracker
 Memo on restriction of resident files
 Assessment Tracker

Standard 115.242: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?
 Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?
 Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?
 Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?
 Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?
 Yes No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? Yes No

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement

would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.242 (d)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that all residents shall be assessed during an intake screening in order to obtain information relevant to housing, work, education, and program assignments. The goal is to keep separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.

Policy also states that the facility shall use the information from the Screening Tool completed at initial screening and all subsequent reassessments in the consideration of housing, recreation, work program and other activities.

(b) The facility shall make individualized case-by-case determination about how to ensure the safety of each resident, according to policy.

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that in deciding whether to house a transgender or intersex resident in a male housing unit/area or a female housing unit/area, or when making other housing and programming assignments for such residents, the facility shall consider the transgender or intersex resident's own views with respect to his/her own safety and shall consider on a case-by-case basis whether such a placement would ensure the resident's health and safety. Consideration should also be given as to whether the placement would present management or security problems.

(d) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that in deciding whether to house a transgender or intersex resident in a male housing unit/area or a female housing unit/area, or when making other housing and programming assignments for such residents, the facility shall consider the transgender or intersex resident's own views with respect to his/her own safety and shall consider on a case-by-case basis whether such a placement would ensure the resident's health and safety. Consideration should also be given as to whether the placement would present management or security problems.

(e) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

(f) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that the facility shall not place lesbian, gay, bisexual, transgender or intersex residents in dedicated units, wings, or dormitories solely based on the basis of gender identification or status.

Staff interviewed (intake staff and counselors) who complete these screenings all indicated that once an offender has a score, they will determine housing and programming accordingly. The staff printed and provided the auditor an Alert Type Screen from the tracking system which tracks those who scored as potential victims and those who scored as potential perpetrators. The potential victims are potential perpetrators at this facility (there was only potential victims and victims currently) are housed on separate floors and tracked before placement. Each staff member interviewed was aware of this process and demonstrated it to the auditor. In addition, due to the program and criteria to enter this facility, their numbers of aggressors are usually non-existent. The program areas and nature of the facility allows for always viewing and interaction with staff and the population, but staff are aware of these individuals at all times.

The policy also has an 'At This Facility' section that states that upon request, the transgender/intersex resident will be given the opportunity to shower separately from other residents in their assigned dorm, for a maximum of 15 minutes, without residents being present. A staff member of the same gender will remain outside the shower area to ensure privacy during the shower, once completed, the staff member will allow residents back in the shower area.

This information is also available to the inmates in the inmate handbook.

In addition, a memo provided states that the Intake Coordinator will complete the tool on all new arrivals Monday-Friday and case managers will complete the tool on the weekends during their initial intake. The results of the screening tool will assist the facility in determining a suitable housing assignment for the newly assigned residents. The facility will not base the housing assignments on gender identification or other discriminating factors.

At the time of the audit, there were no LGBT inmates at this facility.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist
Policy 14-02 CC *Sexual Abuse Prevention and Response*
14-02 CCB Sexual Abuse Screening Tool
Transgender Inmate input on Housing Sample
Memo to staff explaining Transgender or Intersex Shower Procedures
PREA Alert Roster
Resident Handbook

REPORTING

Standard 115.251: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- (a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that residents shall be encouraged to immediately report pressure, threats, or instances of sexual abuse or sexual harassment, as well as possible retaliation by other residents or employees for reporting sexual abuse or sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Residents who are victims of sexual abuse have the option to report and incident to a designated employee other than an immediate point-of-contact line officer by using any of the following methods:

1. Verbally telling any employee;
2. Forwarding a letter, sealed and marked 'confidential', to the Administrator/Director or any other supervisory employee;
3. Contacting the facility PREA Compliance Manager;

On November 15, 2021, a letter was sent by the auditor to the PREA Coordinator for CoreCivic at the address listed in number five above, which stated:

November 15, 2021

Jillian Shane
A & S Correctional Consulting
PO Box 15376
Rio Rancho, NM 87174

PREA Coordinator
Facility Support Center
CoreCivic

PREA Coordinator:

I am an auditor certified by the Department of Justice, for PREA, and I am in the process of preparing for audit of the EL Paso TC Residential Reentry Center. I am testing the reporting system as provided in CoreCivic Policy 14-2CC for the Prison Rape Elimination Act with the above address. Can you please route this letter as a test, through the process so I can see how it works.

Thanks,

Jillian Shane
Certified DOJ PREA Auditor
A & S Correctional Consulting

The PREA Coordinator responded via email to the auditor, within ten (10) days, that this letter was received and detailed the process that would be followed.

The CoreCivic website states:

Reporting Allegations of Sexual Abuse/Sexual Harassment

Anyone can report an allegation or suspected incident of sexual abuse or sexual harassment; including inmates, staff, or third parties. This can include allegations that may have occurred at another correctional facility. At a CoreCivic facility, there are multiple options to file a report; including, but not limited to:

- Send a letter to the warden of the facility at the address provided on our [facility locator](#).
- Inmates may notify any staff member either verbally or in writing or they may call the PREA hotline numbers posted at their facilities.
- Staff may report allegations via their chain of command or anonymously through the employee hotline numbers provided.
- Staff and third parties may contact the CoreCivic's Ethics and Compliance Hotline: 1-800-461-9330 or e-mail www.corecivic.com/ethicsline

It is not required that any personal information be provided. However, the more information that can be provided regarding dates, times, locations, witnesses, and as much detail about the alleged incident as is known serves to assist staff and law enforcement in their efforts to successfully conduct the investigations.

The auditor also filed a test report through the CoreCivic Ethics Line System online. Within twenty minutes of being filed online, the Director of Ethics and compliance wrote the following email response while forwarding it to the facility:

Director,

Please see the attached. This report came in as a PREA allegation for El Paso. Jillian Shane is performing an audit for the facility and wanted to see the process that Ethics would undertake with a PREA allegation.

Jillian – for your reference, Ethics would forward a PREA allegation, with as much detail as possible to the Director of PREA (Heather Baltz), Facility Director with a copy to the Operations Managing Director (Bessy Glaske). This is typical protocol, provided none of the individuals are named as participants in the allegation.

Thank you.

Bryan

The Resident Handbook states outlines all reporting processes for the resident population.

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that employees must take all allegations of sexual abuse and harassment seriously, including verbal, anonymous, and third-party reports, and treat them as if the allegation is credible. Staff shall promptly document any verbal reports. All reports of sexual abuse and sexual harassment will be reported to the PREA Compliance Manager/Investigator.

(d) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that employees may privately report sexual abuse and sexual harassment of residents by forwarding a letter, sealed, and marked 'confidential, to the facility Administrator/Director, or contact the CoreCivic ethics and compliance hotline.

The CoreCivic public website states:

Reporting Allegations of Sexual Abuse/Sexual Harassment

Anyone can report an allegation or suspected incident of sexual abuse or sexual harassment; including inmates, staff, or third parties. This can include allegations that may have occurred at another correctional facility. At a CoreCivic facility, there are multiple options to file a report; including, but not limited to:

- Send a letter to the warden of the facility at the address provided on our [facility locator](#).
- Inmates may notify any staff member either verbally or in writing or they may call the PREA hotline numbers posted at their facilities.
- Staff may report allegations via their chain of command or anonymously through the employee hotline numbers provided.
- Staff and third parties may contact the CoreCivic's Ethics and Compliance Hotline: 1-800-461-9330 or e-mail www.corecivic.com/ethicsline.

It is not required that any personal information be provided. However, the more information that can be provided regarding dates, times, locations, witnesses, and as much detail about

the alleged incident as is known serves to assist staff and law enforcement in their efforts to successfully conduct the investigations.

The agency shall provide a method for staff to privately report sexual abuse or sexual harassment of residents.

The auditor reviewed, analyzed and retained the following evidence related to this standard.

Community Corrections PREA Standards Compliance Checklist
Policy 14-02 CC *Sexual Abuse Prevention and Response*
CoreCivic Website
Resident Handbook
First Responder card/staff reminders
Sexual Assault Awareness and Prevention pamphlet (English and Spanish)
PREA poster
Resident Interviews (Random and Specialized)
Staff Interviews (Random and Specialized)

Standard 115.252: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that unless otherwise mandated by contract, alleged incidents will not be processed through the facilities inmate/resident grievance process.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that unless otherwise mandated by contract, alleged incidents will not be processed through the facilities inmate/resident grievance process.

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that unless otherwise mandated by contract, alleged incidents will not be processed through the facilities inmate/resident grievance process.

(d) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that unless otherwise mandated by contract, alleged incidents will not be processed through the facilities inmate/resident grievance process.

On the PAQ, staff indicated that there were no grievances filed alleging sexual abuse in the past twelve months. The grievance logs and documentation were viewed and no PREA related matters were identified. In addition, an interview was held with the grievance officer and discussions held as to the process of how it would be handled were discussed. The grievance officer was extremely well versed in the process and standard.

(e) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that unless otherwise mandated by contract, alleged incidents will not be processed through the facilities inmate/resident grievance process.

(f) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that unless otherwise mandated by contract, alleged incidents will not be processed through the facilities inmate/resident grievance process.

On the PAQ, staff indicated that there were no emergency grievances filed alleging sexual abuse in the past twelve months.

(g) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that unless otherwise mandated by contract, alleged incidents will not be processed through the facilities inmate/resident grievance process.

The auditor was provided copies of the grievance log for the past six months and there were no PREA related grievances filed. In addition, the auditor interviewed the grievance officer for the facility who detailed the process. The grievance officer was extremely well versed in the process, policy and PREA standard.

the past twelve months, there have been no grievances filed involving allegations of sexual abuse or sexual harassment.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist
Policy 14-02 CC *Sexual Abuse Prevention and Response*
Resident Handbook
Grievance Log
Resident confidential Mailboxes
Interview with Grievance Officer

Standard 115.253: Resident access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that residents shall be provided access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state or national victim advocacy or rape crisis organizations. Such information shall be included in the facilities resident's handbook. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that residents shall be informed, prior to giving them access, of the extent to which such communications shall be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

The MOU with Center Against Sexual and Family Violence and CoreCivic states that the Safe Alliance will provide residents calling the hotline with information on the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that CoreCivic shall maintain or attempt to enter Memorandums of Understanding (MOU) or other agreements with community services providers that are able to provide residents with confidential emotional support services related to sexual abuse.

This information is available in the resident handbook and on posters throughout the facility.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist
Policy 14-02 CC *Sexual Abuse Prevention and Response*
MOU with the Center Against Sexual and Family Violence and CoreCivic
Sexual Assault Advocacy pamphlet
Director's memo, Re: Victim Counseling Resources
Email attempts for MOU
PREA posters
Resident Handbook

Standard 115.254: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that CoreCivic employees, contractors, volunteers and interested third parties may report allegation of sexual abuse and sexual harassment (including anonymous reports) to the CoreCivic 24-hour Ethics line at 1-800-461-9330.

The CoreCivic public website states:

Reporting Allegations of Sexual Abuse/Sexual Harassment

Anyone can report an allegation or suspected incident of sexual abuse or sexual harassment; including inmates, staff, or third parties. This can include allegations that may have occurred at another correctional facility. At a CoreCivic facility, there are multiple options to file a report; including, but not limited to:

- Send a letter to the warden of the facility at the address provided on our [facility locator](#).
- Inmates may notify any staff member either verbally or in writing or they may call the PREA hotline numbers posted at their facilities.
- Staff may report allegations via their chain of command or anonymously through the employee hotline numbers provided.
- Staff and third parties may contact the CoreCivic's Ethics and Compliance Hotline: 1-800-461-9330 or e-mail www.corecivic.com/ethicsline

It is not required that any personal information be provided. However, the more information that can be provided regarding dates, times, locations, witnesses, and as much detail about the alleged incident as is known serves to assist staff and law enforcement in their efforts to successfully conduct the investigations.

The TDCJ PREA Ombudsman Office pamphlet also contains the reporting information and is available for the resident population.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist
Policy 14-02 CC *Sexual Abuse Prevention and Response*
CoreCivic PREA Website
TDCJ PREA Handout
Ethics Line Poster
5-1C Incident Statement

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that in accordance with this policy, all staff including employees, contractors and volunteers are required to report immediately any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that as occurred in any facility.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that apart from reporting to designated supervisors or officials, employees shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, and as specified in this policy, to make treatment, investigation, and other security and management decisions.

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that unless otherwise precluded by federal, state or local law, medical and mental health professionals shall be required to follow reporting procedures as outlined in policy. At the initiation of providing medical care, both medical and mental health professionals will inform resident of their professional duty to report and the limitations of confidentiality.

The facility does not employ any medical or mental health staff.

(d) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that employees may privately report sexual abuse and sexual harassment of residents by forwarding a letter, sealed and marked 'confidential' to the facility Administrator/Director or contact the CoreCivic ethics and compliance hotline.

Further, policy states that if the alleged victim is under the age of eighteen (18) or considered a vulnerable adult under a state or local vulnerable person's statute, the allegation shall be reported to the designated state or local services agency under applicable mandatory reporting laws.

This facility does not house any participant under the age of eighteen years old or anyone considered to be a 'vulnerable adult'.

(e) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that the facility shall report all allegation of sexual abuse and sexual harassment including third party and anonymous reports to the facility's designated investigators.

The facility has had no reports of allegations of sexual abuse or sexual harassment, including third party and anonymous reports in the past twelve (12) months.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist
Policy 14-02 CC *Sexual Abuse Prevention and Response*
Staff Rosters
Staff Acknowledgement Sheets
Notes/Memos
PREA Log
PREA Overview Facilitators Guide
First Responder Card
Investigative Report with detailed first responder duties
Interviews with Random Staff
Interviews with Specialized Staff

Standard 115.262: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 14-02 CC *Sexual Abuse Prevention and Response* states that when it is learned that a resident is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the resident.

In the past twelve (12) months, there were no instances the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse.

During an interview with CoreCivic Vice President, Operations Administration, he stated that staff take immediate action to protect the inmate by removing the inmate from the area and/or individuals where risks may be stemming from, and an investigation is immediately initiated.

This standard is including in the first responder process, on the first responder cards for staff and in the training.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist
Policy 14-02 CC *Sexual Abuse Prevention and Response*
Interview with CoreCivic Vice President, Operations Administration
PREA Participant Workbook
PREA Overview Facilitator Guide
Sample Report
Interview with PC
Interview with Random Staff
Interviews with Random Staff

Standard 115.263: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?
 Yes No

115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.263 (c)

- Does the agency document that it has provided such notification? Yes No

115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that if the allegation involves events that took place while the alleged victim was not in CoreCivic custody (e.g., while housed at another provider's facility), the following actions shall be taken:

1. The Administrator/Director that received the allegation shall contact the facility head or appropriate office of the facility where the alleged abuse took place as soon as possible, but no later than seventy-two (72) hours after receiving the allegation.

The facility Director stated that there have been no allegations received that a resident was sexually abused while confined at another facility.

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that if the allegation involves events that took place while the alleged victim was not in CoreCivic custody (e.g., while housed at another provider's facility), the following actions shall be taken:

1. Determine whether the allegation was reported and investigated.
 - a. If the allegation was reported and investigated by the appropriate officials, the facility shall document the allegation, the name and title of the person

contacted and that the allegation has already been address. Under this circumstance, further investigation and notification need not occur.

- b. If the allegation was not reported or not investigated, a copy of the statement of the resident shall be forwarded to the appropriate official at the location where the incident was reported to have occurred.

Policy further states that all such contacts and notification shall be documented on the 5-1B Notice to Administration; including any details learned from contact with the site where the alleged abuse took place, and the facilities response to the allegation.

(d) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that if an allegation is received from another facility, the Administrator/Director will ensure the allegation is investigated.

The facility Director stated that no allegations have been received from other facilities in the past twelve (12) months.

During an interview with the CoreCivic Vice President, Operations Administration, he stated referrals to and from other facilities occurs most often at the facility level rather than at the corporate office level. The information is received by the Warden at the facility. However, any staff who received the information know to report it to the Warden, for appropriate action. It then gets added into our incident system and the PREA protocols are initiated. If the allegation was alleged to have occurred at another facility, the facility Warden receiving the information would notify the Warden at the other facility within 72 hours. If the allegation received was that an incident of sexual abuse allegedly occurred within the CoreCivic facility both the partner agency and the investigative entity responsible for criminal investigations would be notified. He also stated that the most common examples are allegations inmates make during their intake process. The CoreCivic staff obtain as much information as possible from the inmate and provide this to Warden at the other facility as part of the notification.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist
Policy 14-02 CC *Sexual Abuse Prevention and Response*
Interview with CoreCivic Vice President, Operations Administration
Memo

Standard 115.264: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states in the Response Procedures Sections that upon learning of sexual abuse or an allegation of sexual abuse, the first security responder is required to complete the following:

- a. Separate the alleged victim from the alleged abuser. When the alleged abuse is a resident, he/she shall be placed in secure location to facilitate the collection of evidence if required.
- b. Preserve and protect the crime scene until appropriate steps can be taken to collect evidence of the crime scene and any investigation.

All staff have signed an acknowledgment of this provision, on the 14-2A form, CoreCivic PREA Policy Acknowledgment and/or Training Acknowledgement.

In the past twelve (12) months, there have been no allegations that a resident was sexually abused.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that if the first staff responder is not a security staff member, the responder shall be required to request that they alleged victim not take any actions that could destroy physical evidence and notify security staff.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist
Policy 14-02 CC *Sexual Abuse Prevention and Response*
First Responder Cards
PREA Training Acknowledgments
PREA Facilitator Guide
Note/Memo stating that the facility had no incidents reported in the past twelve (12 months)
Interviews with Random Staff
Interview with PCM
Sample Report

Standard 115.265: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that in order to coordinate actions taken by initial first responders, medical, and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse, the facility has established a Sexual Abuse Response/Review Team (SART) that may include but is not limited to and Administrative Duty Officer (ADO; Security Representative; Program Representative; and a Victim Representative.

The Coordinated Response plan for this facility was reviewed and included the provisions of this and response standards.

The Facility Director send a memo to all staff outlining the individuals who are on the SART team for the facility.

The auditor reviewed, analyzed and retained the following evidence related to this standard.

Community Corrections PREA Standards Compliance Checklist
 Policy 14-02 CC *Sexual Abuse Prevention and Response*
 Directors Memo: SART Team members and back up personnel
 MOU with University Medical Center
 MOU with El Paso Sheriff's Office
 MOU with Center Against Sexual and Family Violence
 Sexual Abuse Incident Check Sheet

Standard 115.266: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that neither CoreCivic nor any other entity responsible for collective bargaining on CoreCivic's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the company's ability to remove alleged employee sexual abusers from contact with any inmates/residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Nothing in this requirement shall restrict entering into or renewal of agreements that govern:

- The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions outlined above in Q.2.a-c. and a preponderance of the evidence in determining whether sexual abuse or sexual harassment are substantiated.
- Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the employees personnel file following a determination that the allegation of sexual abuse is not substantiated.

During an interview with the CoreCivic Vice President, Operations Administration, he stated that CoreCivic as an agency has entered and/or renewed collective bargaining agreements since August 20, 2012. The agreements permit CoreCivic to remove alleged staff sexual abusers from contact with an inmate pending an investigation of disciplinary action.

The auditor reviewed, analyzed and retained the following evidence related to this standard.

Community Corrections PREA Standards Compliance Checklist
Policy 14-02 CC *Sexual Abuse Prevention and Response*
Interview with CoreCivic Vice President, Operations Administration

Standard 115.267: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered

sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks? Yes No

115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? Yes No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states under the section titled SART Member Responsibilities that the PREA Compliance Manager will review the facility's response to sexual abuse allegations, with the Administrator/Director or designee, to ensure the policy is implemented effectively and victim needs are addressed; serve as a primary liaison with local law enforcement or delegate this responsibility; ensure the completion of the Sexual Abuse Incident Check Sheet; and ensure that thirty/sixty/ninety (30/60/90) day monitoring is conducted by the designated staff, following a report of sexual abuse or sexual harassment, to protect against potential retaliation against inmates/residents or employees. This shall include periodic status checks of inmates/residents and review of relevant documentation. If an allegation is determined to be unfounded, retaliation monitoring will no longer be required.

(b) Due to the size and design of this facility, the Director and PCM stated that if there was a known perpetrator in a current incident, the facility would immediately contact the customer and have that individual removed from the program and facility. For matters where there is an allegation and it is being investigated, they may simply separate by floor, advise staff to observe and avoid programming together. Again, due to the nature of the program and its requirements, this could cause challenges that would result in the removal of the parties from the program.

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that to ensure that thirty/sixty/ninety (30/60/90) day monitoring is conducted by the designated staff, following a report of sexual abuse or sexual harassment, to protect against potential retaliation against inmates/residents or employees. Policy further states that monitoring shall continue beyond ninety (90) days if the initial monitoring indicates a continuing need. The PCM shall ensure prompt action are taken to remedy any identified retaliation.

In the past twelve (12) months, there has been zero incidents of retaliation occurring at this facility, according to the PAQ.

(d) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that if a rape crisis center is not available to provide victim advocate services, the PCM will make available a qualified staff member from a community-based organization.

(e) Policy 14-02 CC *Sexual Abuse Prevention and Response* states the PCM will ensure any other individual who cooperate with an investigation and expresses fear of retaliation is protected from retaliation.

During an interview with the CoreCivic Vice President, Operations Administration, he stated that for both inmate inmates/residents and staff who have reported allegation of sexual abuse, we provide monitoring on a 30/60/90-day period, longer if needed, to ensure no retaliation has occurred. These reviews are documented on an attachment to our 14-2 policy. The review takes into consideration any actions which may be perceived as retaliatory whether it be housing and/or job assignments with inmates/residents and shift changes, evaluations etc. for staff. These reviews also prohibit retaliation for any reason, and we include this expectation in training with staff. Any violations are acted upon accordingly. For those who cooperate and express a fear of retaliation, our policies and practices prohibit retaliation for any reason, and we include the expectation in training with staff. Any violations are acted upon accordingly.

The auditor reviewed, analyzed and retained the following evidence related to this standard.

Community Corrections PREA Standards Compliance Checklist
Policy 14-02 CC *Sexual Abuse Prevention and Response*
Blank form, PREA Retaliation report monitoring
Memo, PCM will conduct all monitoring
Interview with CoreCivic Vice President, Operations Administration
Interview with Random Staff
Interview with PCM

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) Yes No NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)
 Yes No NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?
 Yes No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?
 Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?
 Yes No

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Reports were reviewed since the past audit that demonstrated that they facility is thorough, objective and prompt.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that in addition to the general training provided to all employees and to the extent that CoreCivic conducts sexual abuse investigations, investigators shall receive training in conducting sexual abuse investigations in confinement settings. The PCM shall ensure that more than one (1) person at the facility receives training as a sexual abuse investigator. This will ensure that a trained investigator is available as backup during employee absences (e.g.) leave, paid time off, sickness, offsite training, etc.) from work.

The certificate is from a training entitled *PREA: Investigating Sexual Abuse in a Confinement Setting* which was delivered online through the National Institute of Corrections. In addition, CoreCivic held a webinar training entitle *PREA Update, Investigation Standards and Required Specialty Training*. Each of the staff members also seem to have taken this class as well, as evidenced by the sign in attendance roster.

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that specialized shall include techniques for interviewing sexual abuse victims, proper use of *Miranda* and *Garrity* warnings, sexual abuse evidence collections in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Policy also states that documentation confirming that investigators have completed the required specialized training in conducting sexual abuse investigations shall be maintained in accordance with facility record retention policies.

The curriculum for each of the two trainings was provided and reviewed by the auditor (through CoreCivic and the National Institute of Corrections) and each training included the requirements of the standard and Policy 14-02 CC: Techniques for interviewing sexual abuse victims, the proper use of *Miranda* and *Garrity* warnings, Sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

(d) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that specialized training shall include techniques for interviewing sexual abuse victims, proper use of *Miranda* and *Garrity* warnings, sexual abuse evidence collections in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Policy also states that documentation confirming that investigators have completed the required specialized training in conducting sexual abuse investigations shall be maintained in accordance with facility record retention policies.

The curriculum for each of the two trainings was provided and reviewed by the auditor (through CoreCivic and the National Institute of Corrections) and each training included the requirements of the standard and Policy 14-02 CC: Techniques for interviewing sexual abuse victims, the proper use of *Miranda* and *Garrity* warnings, Sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

(f) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that investigators will detail in the report any testimonial evidence, reasoning behind credibility assessments, investigative findings and whether actions and/or failures of staff to act contributed to the incident, including an explanation as to what determined the outcome.

(g) El Paso TC does not conduct criminal investigations. Any criminal reports would be written by outside law enforcement.

(h) El Paso TC does not conduct criminal investigations. Any criminal reports would be written by outside law enforcement and subsequently referred for prosecution by the law enforcement agency. CoreCivic and EL Paso TC Reentry Center will, however, cooperate in any way possible through this process.

(l) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that whenever feasible, the facility shall enter a written Memorandum of Understanding with the outside investigating agency or entity outlining the roles and responsibilities of both the facility and the investigating entity in performing sexual abuse investigations. Before developing or attempting to enter an MOU, the facility shall contact the FSC Assistant General Counsel, Vendor Contract. CoreCivic shall maintain copies of agreements or documentation showing attempts to enter into such agreements. When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

The auditor reviewed, analyzed and retained the following evidence related to this standard.

Community Corrections PREA Standards Compliance Checklist
Policy 14-02 CC *Sexual Abuse Prevention and Response*
Investigations Training

Standard 115.272: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report 115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states in any sexual abuse or sexual harassment investigation in which the facility is the primary investigating entity, the facility shall utilize the preponderance of the evidence standard for determining whether sexual abuse or sexual harassment has taken place.

A PowerPoint Training excerpt was shown to the auditor from the PREA Resource Center which stated "the criteria for administrative action are determined by individual agencies. However, the Standards required that agencies set the bar no higher than requiring the preponderance of the evidence to substantiate an allegation for administrative action, which would mean that more than 50% of the evidence supports the allegation.

The auditor reviewed, analyzed and retained the following evidence related to this standard.

Community Corrections PREA Standards Compliance Checklist
Policy 14-02 CC *Sexual Abuse Prevention and Response*
Investigations Training curriculum from NCICS

Standard 115.273: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.273 (a)

- Following an investigation into a resident's allegation, that he or she suffered sexual abuse in an agency facility; does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?
 Yes No

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)
 Yes No NA

115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently

inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? Yes No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? Yes No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that following an investigation into a resident's allegation that he/she suffered sexual abuse at the facility, the resident shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the facility did not conduct the investigation,

the relevant information shall be requested from the outside investigating agency or entity to inform the resident.

In the past twelve (12) months, there were zero investigations of alleged resident sexual abuse completed.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that following an investigation into a resident's allegation that he/she suffered sexual abuse at the facility, the resident shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the facility did not conduct the investigation, the relevant information shall be requested from the outside investigating agency or entity to inform the resident.

In the past twelve (12) months, there were zero investigations of alleged resident sexual abuse completed (one was pending).

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that following a resident's allegation that an employee has committed sexual abuse against the resident the facility shall subsequently inform the resident (unless the facility has determined that the allegation is unfounded) whenever:

- (1) The employee no longer posted within the resident's unit as a result of the finding of the investigation;
- (2) The employee is no longer employed at the facility;
- (3) The facility learns that the employee has been indicted on a charge related to sexual abuse within the facility; or
- (4) The facility learns that the employee has been convicted on a charge related to sexual abuse within the facility.

In the past twelve (12) months, according to the PAQ, there have been one notification to a resident, which was provided to the auditor.

(d) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that following a resident's allegation that he/she has been sexually abused by another resident, the facility shall subsequently inform the alleged victim whenever:

1. The facility learns that the alleged abuser has been indicted in a charge related to sexual abuse within the facility; or
2. The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

In the past twelve (12) months, according to the PAQ, there have been zero notifications to residents provided.

(e) Policy 14-02 CC *Sexual Abuse Prevention and Response* states all inmates/resident notifications or attempted notifications shall be documented on the 14-2 CC-E Resident Allegation Status Notification. The resident shall sign the 4-2 CC-E, verifying that such notification has been received. The signed 14-2 CC-e shall be filed in the resident's institutional file.

In the past twelve months, according to the PAQ, there has been one notification to a resident.

(f) Policy 14-02 CC *Sexual Abuse Prevention and Response* states the facilities obligation to notify the resident as outlined in the section shall terminate if the resident is released from CoreCivic's custody.

In the past twelve months, according to the PAQ, there has been one notification to a resident

The auditor reviewed, analyzed and retained the following evidence related to this standard.

Community Corrections PREA Standards Compliance Checklist
Policy 14-02 CC *Sexual Abuse Prevention and Response*
Interview with PC
Interview with PCM
Interview with Director
Sample/Blank copy of Resident PREA Allegation Status Notification, 14-2E-CC

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary

history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that employees shall be subject to disciplinary sanctions up to and including termination for violating CoreCivic's sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for employees who have engaged in sexual abuse.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that employees shall be subject to disciplinary sanctions up to and including termination for violating CoreCivic's sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for employees who have engaged in sexual abuse.

In the past twelve (12) months, according to the PAQ, there have been zero staff members who have been terminated, disciplined or reported to law enforcement for violating agency sexual abuse or sexual harassment policies.

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that disciplinary sanctions for violations of CoreCivic policies relating to sexual abuse or sexual harassment shall be commensurate with the nature and circumstances of the acts committed, the employee's disciplinary history, and the sanctions imposed for comparable offenses by other employees with similar histories.

In the past twelve (12) months, according to the PAQ, there have been zero staff members who have been terminated, disciplined or reported to law enforcement for violating agency sexual abuse or sexual harassment policies.

(d) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that all terminations for violations of CoreCivic sexual abuse or sexual harassment policies, or resignations by employees who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

In the past twelve (12) months, according to the PAQ, there have been zero staff members who have been terminated, disciplined or reported to law enforcement for violating agency sexual abuse or sexual harassment policies.

The auditor reviewed, analyzed and retained the following evidence related to this standard.

Community Corrections PREA Standards Compliance Checklist
Policy 14-02 CC *Sexual Abuse Prevention and Response*
Code of Ethics
Investigation with Staff discipline
Reports to law enforcement
Interview PCM, PC, Director

Standard 115.277: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that any volunteer or contractor who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. Any other violation of CoreCivic sexual abuse or sexual harassment policies by a volunteer or contractor will result in further prohibitions.

In the past twelve (12) months, according to the PAQ, there have been zero contracted staff members who have been terminated or reported to law enforcement for violating agency sexual abuse or sexual harassment policies.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that any volunteer or contractor who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. Any other violation of CoreCivic sexual abuse or sexual harassment policies by a volunteer or contractor will result in further prohibitions.

The auditor reviewed, analyzed and retained the following evidence related to this standard.

Community Corrections PREA Standards Compliance Checklist

Policy 14-02 CC *Sexual Abuse Prevention and Response*

Note from facility: there have been no substantiated allegations of contractor or volunteer sexual abuse/harassment.

Standard 115.278: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No

115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.278 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states in the Disciplinary Procedures, substantiated incidents sections that residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engages in resident-on-resident abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

In the past twelve (12) months, there have been no administrative findings or criminal findings of guilt on resident-on-resident abuse that have occurred at this facility, according to the PAQ.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states in the Disciplinary Procedures, substantiated incidents sections that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history and the sanctions imposed for comparable offenses by other residents with similar histories.

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states in the Disciplinary Procedures, substantiated incidents sections that the disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed.

(d) Policy 14-02 CC *Sexual Abuse Prevention and Response* states in the Disciplinary Procedures that if the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider

whether to require the alleged perpetrator to participate in such interventions as a condition of access to programming or other benefits.

(e) Policy 14-02 CC *Sexual Abuse Prevention and Response* states in the Disciplinary Procedures, substantiated incidents sections that a resident may be disciplined for sexual conduct with an employee only upon finding that the employee did not consent to such contact.

(f) Policy 14-02 CC *Sexual Abuse Prevention and Response* states in the Disciplinary Procedures, substantiated incidents sections that residents who deliberately allege false claims of sexual abuse can be disciplined. For the purposes of disciplinary action, a report of sexual abuse made in good faith based on a reasonable belief that the alleged contact occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

(g) The facility advised the auditor that there are no explicit statements to this effect at this facility.

The auditor reviewed, analyzed and retained the following evidence related to this standard.

Community Corrections PREA Standards Compliance Checklist
Policy 14-02 CC *Sexual Abuse Prevention and Response*
Memo/Note
Staff interviews

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? Yes No

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? Yes No

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) CoreCivic and EL Paso TC Reentry Center Policy 14-2 *Sexual Abuse Prevention and Response* states that resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis interventions services, the nature and scope of which shall be determined by community medical and mental health practitioners according to their professional judgment.

(b) CoreCivic and EL Paso TC Reentry Center Policy 14-2 *Sexual Abuse Prevention and Response* states if the facility does not have qualified medical or mental health practitioners on staff, security first responders shall take preliminary steps to protect the victim.

(c) CoreCivic and EL Paso TC Reentry Center Policy 14-2 *Sexual Abuse Prevention and Response* states that resident victims of sexual abuse shall be offered timely information about

and referral for timely access to emergency contraception and sexually transmitted infections and prophylaxis, in accordance with professionally accepted standards of care where medically appropriate.

(d) CoreCivic and EL Paso TC Reentry Center Policy 14-2 *Sexual Abuse Prevention and Response* states that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The auditor reviewed, analyzed and retained the following evidence related to this standard.

Community Corrections PREA Standards Compliance Checklist
Policy 14-02 CC *Sexual Abuse Prevention and Response*
Attempts for MOU for community services
Directors Memo stating that emergency medical and/or mental health services related to PREA will be referred and/or 911 called Investigation sample.

Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors*

should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) Yes No NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that the facility shall refer all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility for medical and mental health evaluation and treatment as appropriate.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following transfer to, or placement in, other facilities, or their release from custody.

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that the facility shall provide such victims with medical and mental health services consistent with the community level of care.

(d) CoreCivic and El Paso TC Policy 14-2 *Sexual Abuse Prevention and Response* states that resident victims of sexually abusive vaginal penetration while incarcerated shall be referred for pregnancy tests. If pregnancy results, victims shall receive timely and comprehensive information and access, to all lawful pregnancy-related medical services.

(e) El Paso TC is all a male facility. This provision is not applicable.

(f) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that resident victims of sexual abuse while incarcerated shall be referred for tests for sexually transmitted infections as medically appropriate.

(g) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that treatment services shall be provided to the victim without financial cost and regardless of whether the victims' names the abuser or cooperates with any investigation arising out of the incident.

(h) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that the facility shall attempt to refer all known resident-on-resident abusers for a mental health evaluation within sixty (60) days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

The auditor reviewed, analyzed and retained the following evidence related to this standard.

Community Corrections PREA Standards Compliance Checklist
Policy 14-02 CC *Sexual Abuse Prevention and Response*
Advocacy Pamphlet, English and Spanish

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that the Administrator/Director will ensure that a post investigation review of a sexual abuse incident is conducted at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that an incident review team will review the incident within thirty (30) days of the conclusion of the investigation.

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that in addition to the administrator/director, the incident review team shall include upper-level facility management, with input from line supervisors, investigators and medical or mental health practitioners.

(d) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that the incident review team shall:

1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
2. Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTI and/or gender non-conforming identification, status or perceived status,

or gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility;

3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

4. Assess the adequacy of staffing levels in that area during different shifts; and

5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

Further, policy states that all findings and recommendations for improvement will be documented on the 14-2 CC-F Sexual Abuse Incident Review Report. Completed forms will be forwarded to the Administrator/Director, the PCM, and the FSC PREA Compliance Coordinator.

(e) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that the facility shall implement the recommendations for improvement or shall document reasons for not doing so.

The facility states that in the past twelve months, there have been two criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding unfounded incidents.

The auditor reviewed, analyzed and retained the following evidence related to this standard.

Community Corrections PREA Standards Compliance Checklist
Policy 14-02 CC *Sexual Abuse Prevention and Response*
Sexual Abuse or Assault Incident Review Form
Interview with PREA Coordinator
Interview with Incident Review Team Member
Interview with PREA Compliance Manager
Investigation Sample

Standard 115.287: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?
 Yes No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
 Yes No

115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 CC Sexual Abuse Prevention and Response states that each facility will ensure that incidents of sexual abuse are entered into the IRD as required by CoreCivic Policy 5-1 Incident Reporting and 1-2 CC-BB PREA 5-1 IRD Incident Reporting Definitions.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that at least annually, CoreCivic shall aggregate the incident-based sexual abuse data.

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that the aggregated data will, at a minimum, include all categories of data necessary to respond to the Survey of Sexual Violence as directed by the Department of Justice.

(d) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that all case records associated with claims of sexual abuse, including incident reports, investigative reports, inmate/resident information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be retained in accordance with the facility's record retention policies.

(f) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that upon request, CoreCivic shall provide all data as outlined above in T.1.a.ii.-iii. from the previous calendar year to the Department of Justice no later than June 30.

The auditor reviewed, analyzed and retained the following evidence related to this standard.

Community Corrections PREA Standards Compliance Checklist
Policy 14-02 CC *Sexual Abuse Prevention and Response*
CoreCivic 2018 Annual PREA Report
2018-2020 Annual Reports

Standard 115.288: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its

findings and corrective actions for each facility, as well as the agency as a whole?
 Yes No

115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?
 Yes No

115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states the FSC PREA Coordinator shall review all aggregated sexual abuse data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detections and response policies, practices and training, to include:

- Identifying problem areas;
- Taking corrective action on an ongoing basis; and

- Preparing an annual report of findings and corrective actions for each facility, as well as CoreCivic as a whole.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of CoreCivic's progress in addressing sexual abuse.

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states CoreCivic's report shall be approved by the company's Chief Corrections Officer and made readily available to the public through CoreCivic website.

(d) Policy 14-02 CC *Sexual Abuse Prevention and Response* states specific material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of a facility, but the nature of the material redacted must be indicated.

During an interview with CoreCivic Vice President, Operations Administration, he stated he reviews and approves annual reports written as per this standard. Further, he stated that PREA data is reviewed on a daily, monthly, and annual basis. Incident data is provided daily to select FSC staff in a daily PREA report. Monthly and annually the data is reported as metrics in a format that can determine if there are trends at individual facilities or with inmate populations. Facilities can use the data to identify where sexual abuse may be occurring and whether changes to either physical plant, presence of staff/video coverage, or procedures would minimize the risks of incidents in those areas.

The auditor reviewed, analyzed and retained the following evidence related to this standard.

Community Corrections PREA Standards Compliance Checklist
Policy 14-02 CC *Sexual Abuse Prevention and Response*
CoreCivic 2019 Annual PREA Report
CoreCivic 2020 Annual PREA Report
CoreCivic Public Website
Interview with CoreCivic Vice President, Operations Administration

Standard 115.289: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained? Yes No

115.289 (b)

Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least

annually through its website or, if it does not have one, through other means?

Yes No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that data collected shall be stored and retained in accordance with the facility's record retention policies.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that the FSC PREA Coordinator shall make all aggregated sexual abuse data available to the public at least annually through the CoreCivic website.

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that before making aggregated sexual abuse data publicly available, CoreCivic shall remove all personal identifiers.

(d) The records retention schedule, 1-15B-CC states that aggregated PREA Sexual Abuse data will be retained for 10 years.

The auditor reviewed, analyzed and retained the following evidence related to this standard.

Community Corrections PREA Standards Compliance Checklist
Policy 14-02 CC *Sexual Abuse Prevention and Response*
CoreCivic 2019 Annual PREA Report
CoreCivic 2020 Annual PREA Report
CoreCivic Public Website
Records Retention Schedule

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A discussion was held with the PREA Coordinator regarding the audit cycle and the audits of all CoreCivic facilities. The PC stated for 115.401, I have attached provided the audit tracker for our company. It is extremely difficult to reach 1/3 since most of our community facilities are not under our "operational control" as defined by PREA Standards. Those are primarily facilities with state or county contracts. Some states have moved audit dates around to ensure that the facilities are counted as their 1/3. CoreCivic just added two community facilities in Virginia that have BOP contracts and will be under our control. Basically, the BOP community facilities are the only ones under our "operational control". The reviewed spreadsheet had tables to reflect every DOJ audit cycle. Lastly, the auditor was provided with a have a table for ALL facilities which shows actual and projected audit dates for every CCA and CoreCivic facility under operation since the inception of PREA. Lastly, the PC provided the auditor with tables which show ICE facilities that cannot be counted as part of the 1/3 in Prisons/Jails since ICE has its own Cycle Years.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeals pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All information for CoreCivic PREA related topics is located at:

<http://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>

This includes all prior audits, CoreCivic Policies, reporting information for inmates/residents and their families and friends, the final standards, inmate and detainee rights, zero tolerance, investigations, and all previous agency reports from 2013-2018.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Jillian Shane

February 15, 2022

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.